



CUSTODIAL JOB REQUEST



Submit To: Pecan Campus Building E 208 | 872-6464 or 872-2553

Fax 872-3464

Date: _____ Time: _____

Person(s) Requesting Job:

PHONE# _____

PHONE# _____

Location: *(Specify room number or letter after building identifier)*

PECAN CAMPUS:

BLDG _____ RM# _____

PORTABLE _____ RM# _____

MID-VALLEY CAMPUS:

BLDG _____ RM# _____

PORTABLE _____ RM# _____

TECHNOLOGY CENTER:

BLDG _____ RM# _____

PORTABLE _____ RM# _____

PECAN PLAZA:

BLDG _____ RM# _____

NURSING & ALLIED HEALTH CENTER:

BLDG _____ RM# _____

OTHER:

BLDG _____ RM# _____

STARR COUNTY CAMPUS:

BLDG _____ RM# _____

PORTABLE _____ RM# _____

Special Request

Other _____

Work Needed:

CUSTODIAL USE ONLY

Circle One:

EMERGENCY _____ PRIORITY _____ ROUTINE _____ SCHEDULED _____
Person Assigned To Job Request _____ Supervisor's Initials: _____

Date Rcvd: _____ Time: _____

Date Completed: _____ Time: _____

Remarks: _____
