

BUILDING WORK REQUEST
SANDWICH SCHOOL DISTRICT #430

Sandwich, Illinois 60548

School Name _____ Date _____

Staff Member requesting work _____

What work needs to be done?

Where?

Why does the work need to be done?

When does the work need to be completed?

Signature of Principal or Supervisor _____

Date _____

Signature – Business Manager _____

Date _____

_____ Work has been completed

District Maintenance Signature _____

Date _____