

# WORK REQUEST

KAPI'OLANI COMMUNITY COLLEGE – AUXILIARY SERVICES OFFICE – OLOPUA 103  
Fax Ext. 9868

**This form must be received 5 working days in advance of requested date.**

Office Hours:	M – F: 6:30 AM to 4:30 PM	Ph# Ext. 9157
After Office Hours Janitorial Services:	M – F: 4:30 PM to 9:30 PM	Ph# Ext. 9156
After Office Hours Emergencies (contact Campus Security):		Ph# Ext. 9900

Name: \_\_\_\_\_ UH Email: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_ Ext: \_\_\_\_\_

Print Name of Department/Unit Head: \_\_\_\_\_

Signature of Department/Unit Head: \_\_\_\_\_ Date: \_\_\_\_\_

Check Appropriate Box(es):

- |   |  |
|---|--|
| <input type="checkbox"/> Air Conditioning Repair Work     | <input type="checkbox"/> Air Conditioning Request for Function/Class |
| <input type="checkbox"/> Building Maintenance/Repair Work | <input type="checkbox"/> Equipment/Furniture Disposal                |
| <input type="checkbox"/> Equipment/Furniture Moving       | <input type="checkbox"/> Grounds keeping                             |
| <input type="checkbox"/> Janitorial Services              | <input type="checkbox"/> Lock Repairs                                |
| <input type="checkbox"/> Set up for Function/Class        | <input type="checkbox"/> Temporary Parking Passes                    |
| <input type="checkbox"/> Unlock/Lock for a Function/Class | <input type="checkbox"/> Other                                       |

Specify:

Building: \_\_\_\_\_ Room#: \_\_\_\_\_ Date(s): \_\_\_\_\_ Require key(s) \_\_\_\_\_

On or Start Time: \_\_\_\_\_ Off or End Time: \_\_\_\_\_

Instructions:

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(To be completed by Auxiliary Services Office)

Authorized by: \_\_\_\_\_

Job Assigned to: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Special Instructions:

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_

(Signature) \_\_\_\_\_

\_\_\_\_\_