Facilities Remodel Request

Requested By:	Department:
Date Submitted:	Contact Number:
Will your department fund the remodel/repair? ☐Y ☐N If yes, provide funding information:	
Please describe in detail what you would like to have done:	
Dean or Director Approved ☐Y ☐N	Approving Signature:

M&O Evaluation

Estimated Material Cost $	Use Internal Labor: ☐Y ☐N*
Estimated Man Hours to Complete:	Estimated Equipment Costs $

Preference Points (1 Per Item, Check all that apply) Total_____

*Safety ☐	* Staff Increase ☐	*Instructional Effectiveness ☐
*Habitibility ☐	* Code Violation ☐	* ADA Accommodation ☐
* Mandated ☐	* Lease Agreement ☐	

Facility Committee Action/Approval

Request Approved: ☐Y ☐N	Scheduled for FY _____

Project Priority for Fiscal Year: ☐1 ☐2 ☐3 ☐4 ☐5 (Check One)

(See Reverse for Priority Definitions)

Facility Committee Chair _____ Date _____

Recommended Funding Source:

V.P. of Admin Services _____ Date _____

Scheduling

Date Received:	Received By:
Estimated Start Date:	Estimated Completion Date:
Actual Completion Date:	Actual Cost $
Work Order Number(s):	Date Requestor Notified of Completion:

* Attach Internal Labor Work Deferment Form