



**School District 84
Vancouver Island West**
Operations Department
Box 100, Gold River, BC VOP 1G0

Operations Department
Teacherage
Work Order Request

Requested By: _____ Request Date: _____
Teacherage Address: _____ Teacherage # _____
Housing Liaison Representative: _____

All requests for teacherage maintenance should be submitted on this form, signed by the Housing Liaison Representative, and sent to the Operations Supervisor for approval. Emergency Work Orders Requests should be phoned in at 250-283-2241 or emailed to lunger@viw.sd84.bc.ca

Thank you.

DESCRIPTION OF WORK: (Only one item per request, please.)

Date Requested By: _____ Originator: (Please Print) _____ Authorization Signature: _____

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OPERATIONS DEPARTMENT USE ONLY

Approved: Yes No

Employee Assigned: _____

Estimated Completion Date: _____

WORK ORDER # _____

Faxed Back To:

Date Faxed: _____

Originator

Priority: _____

- 1—Emergency
- 7—From Work Log
- 8—Work Already Completed
- 2—Complete Today
- 3—Complete This Week
- 4—Complete As Time Permits
- 5—Next Trip
- 6—Complete By Target Date

Operation Supervisor Signature: _____