

Yoakum Independent School District
Work Order

Campus: _____ Room #: _____

Requested by: _____ Approved by: _____

Date of Request: _____

Work Requested: _____

All items below this line to be completed by Maintenance Department:

Assigned by Director of Maintenance to:			Date Assigned	Notes:
Division	(check)	Mechanic		
Carpentry	<input type="checkbox"/>			
Electrical	<input type="checkbox"/>			
Painting	<input type="checkbox"/>			
Plumbing	<input type="checkbox"/>			
Pick Up/Delivery	<input type="checkbox"/>			
HVAC	<input type="checkbox"/>			
Other	<input type="checkbox"/>			

Work begun date		Time		AM		PM	Approved
Work completed date		Time		AM		PM	
Total man hours							
Materials used							

	This order satisfactorily completed on above date
Mechanic's Signature	Maintenance Director