

# ACLPOA WORK ORDER

DATE: \_\_\_\_\_

WORK ORDER # \_\_\_\_\_

FROM: \_\_\_\_\_

(PERSON REQUESTING WORK TO BE DONE)

TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

WORK REQUESTED:

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ISSUED TO DEPARTMENT OR COMMITTEE: \_\_\_\_\_

URGENCY: \_\_\_\_\_

- #1-Safety Issue/daily operation's issue- to be completed immediately
- #2-Schedule within next week
- #3-Schedule within 2 weeks

GM \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

UNABLE TO COMPLETE: \_\_\_\_\_

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**Turn in to GM who will evaluate and assign**

EVERY EFFORT WILL BE MADE TO COMPLETE WORK REQUESTED. ALL REQUESTS WILL BE EVALUATED FOR URGENCY AND SCHEDULED ACCORDINGLY. IF REQUESTS ARE DENIED YOU WILL BE NOTIFIED AS TO THE REASON.