College of Public Health and Human Sciences
Facilities Work Request

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for Building/Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested completion date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Index # to bill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of supervisor/date (required only on projects using an index #)

Furniture moving (for instance – changing offices)

Painting (if walls need prepped, i.e., primed, cracks/holes filled, please allow adequate time from requested date to completion date)

 \_\_\_\_ Room is empty

 \_\_\_\_ Furniture/Equipment needs to be moved prior to painting

\_\_\_ Wall

\_\_\_\_ Ceiling

\_\_\_\_ Trim

**Colors from Miller Paint:**
Walls-satin finish Sandy Lane-8211w
Ceiling flat finish Lis Crème-cw023w
Trim semi gloss Natural Echo-cw054w

Hanging items (please place sticky notes on exaction location you wish item to be placed)

\_\_\_ North Wall \_\_\_ South Wall

\_\_\_ East Wall \_\_\_ West Wall

Other tasks enter below:

**Print and submit by email attachment or campus mail to
Sonny Goodnature
7i Women’s Building**

**Sonny.Goodnature@oregonstate.edu**