

**LEECH LAKE BAND OF OJIBWE  
FACILITIES MANAGEMENT  
WORK ORDER**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Maintenance Instructions

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Dept./Site: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Contact person: \_\_\_\_\_

Extension/Telephone #: \_\_\_\_\_

\*\*\*\*\**Please do not write below. Maintenance Only!*\*\*\*\*\*

**Maintenance #: 335-8318**

**Fax #: 335-4421**



Received by: \_\_\_\_\_ Time \_\_\_\_\_  AM  PM Date \_\_\_\_\_ By:  Faxed ~  Dropped Off ~  Inter-Office ~  Other

Worker (s): \_\_\_\_\_ Date Started work: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Total Hours: \_\_\_\_\_ ((Job Complete: Yes No)) Date Finished: \_\_\_\_\_

Job **Not** Complete:  Reason: \_\_\_\_\_

Leased Bldg.  Non-Leased Bldg.

*\*\*Use only if Maintenance faxes out\*\**

Faxed \_\_\_\_\_ Date: \_\_\_\_\_

Number Faxed to: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
Facilities Employee Signature (*When job is complete*) \_\_\_\_\_  
Date

*\*\*Only fill out when job is completed.\*\**

\_\_\_\_\_  
Facilities Mgmt. Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
FM Director Signature \_\_\_\_\_ Date \_\_\_\_\_