

**GIBSON COUNTY SPECIAL SCHOOL DISTRICT
MAINTENANCE WORK ORDER**

DATE _____

TIME _____

SCHOOL: _____

PRIORITY: (check one) HIGH _____

LOW _____

LOCATION/ROOM # _____

MAINTENANCE PROBLEM:

All fields must be completed and work order approved by principal before jobs can be scheduled.

Approved by Principal

Completed by District Office:

Date job completed _____

Job completed by _____