Departmental Work Request
UNIVERSITY OF PENNSYLVANIA
SCHOOL OF MEDICINE

Type of Request
- ☐ Maintenance/Repairs
- ☐ Housekeeping
- ☐ Small Projects
- ☐ Estimate
- ☐ Locksmith

Requester
First Name ___________________________ Last Name ___________________________
Department ___________________________
Mailing Address ___________________________ Mail Code ___________________________
University or Other Phone Number ___________________________

Business Administrator
First Name ___________________________ Last Name ___________________________
Mailing Address ___________________________ Mail Code ___________________________
University or Other Phone Number ___________________________

Account Number
<table>
<thead>
<tr>
<th>CNAC</th>
<th>ORG</th>
<th>BUD CTRL</th>
<th>FUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBJ CODE</td>
<td>PROGRAM</td>
<td>CREF</td>
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</tbody>
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Signature ___________________________ Date ____________ Not to Exceed Amt. ____________

Operations & Engineering Authorization (Required)

Security Authorization (Required for key requests)

Location of Work Requested (see next page for facility code)
Building ___________________________ Floor ___________________________
Room(s) / Areas ___________________________
- ☐ Athletic/Rec
- ☐ Auditorium
- ☐ Exterior
- ☐ Animal
- ☐ Bathroom
- ☐ Hallway/Stairs
- ☐ Classroom
- ☐ Dining
- ☐ Office
- ☐ Lab
- ☐ Library
- ☐ Common Space/Lounge
- ☐ Mech/Utility
- ☐ Meeting/Conf.
- ☐ Other _________

Description of Work Requested
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Special Scheduling Conditions (i.e., class schedules, office hours, security/safety procedures, special events, etc.)
________________________________________________________________________

Requested Scheduling Dates (check one or both if requested)
- ☐ Completion Date (Month/Day/Year) ___________________________
- ☐ Start Date (Month/Day/Year) ___________________________
UNIVERSITY OF PENNSYLVANIA
SPACE PLANNING & OPERATIONS

BUILDING NAME LISTING SORTED BY CODE

0005 Anatomy/Chemistry Building
0022 Biomedical Research Building II/III
0030 Blockley Hall
0092 Clinical Research Building
0103 Cyclotron
0108 Goddard Laboratories
0260 Johnson Pavilion
0330 Stemmler Hall
0335 John Morgan Building
0344 Modular 5 - Chiller Plant
0344 Stellar Chance Laboratory
0500 Richards Building