

## WORK ORDER REQUEST FORM

WORK ORDER NO.: \_\_\_\_\_

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

### REQUESTER INFORMATION

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Division / Section / Unit: \_\_\_\_\_

Email Address: \_\_\_\_\_

### WORK REQUEST DETAILS

Request type:

- ☐ Inspection/Repair   
 ☐ Installation/Fabrication   
 ☐ Event Set-up   
 ☐ Others: \_\_\_\_\_  
☐ Rehabilitation   
 ☐ Cleaning/Clearing   
 ☐ Manpower   
 \_\_\_\_\_

Title: \_\_\_\_\_

Description (Please specify details):

Location: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Requester's Signature \_\_\_\_\_

Immediate Head (Name & Signature) \_\_\_\_\_

### For Physical Plant Services Use:

Section/s Assigned:

- ☐ Campus Development   
 ☐ Events and Reservations  
☐ General Maintenance   
 ☐ Transportation

Priority Level:

- ☐ High   
 ☐ Medium   
 ☐ Low

Personnel Assigned: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by (Name and Signature): \_\_\_\_\_

REMARKS:

## WORK ORDER FEEDBACK FORM

### WORK ORDER INFORMATION

Work Order Number: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Date Completed: \_\_\_\_\_

### FEEDBACK SECTION

1. Was the work completed on time?

- ☐ Yes   
 ☐ No

If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would you rate the quality of the work?

- ☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor

3. Was the service team professional and courteous?

- ☐ Yes  
☐ No

4. Were you informed of the progress throughout the process?

- ☐ Yes  
☐ No

5. Did the completed work meet your expectations?

- ☐ Yes   
 ☐ No

If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Suggestions for Improvement

Please share any suggestions to help us improve our service:

### OVERALL SATISFACTION

How satisfied are you with the overall service?

- ☐ Very Satisfied  
☐ Satisfied  
☐ Neutral  
☐ Dissatisfied  
☐ Very Dissatisfied

### ACKNOWLEDGMENT

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

\_\_\_\_\_  
\_\_\_\_\_

Name and Signature of Requester