

**Southern West Virginia Community & Technical College  
Maintenance Schedule**

*To be completed by the Campus*

Area: _____	Date: _____
Location: _____	Name _____
Maintenance Request: _____	

*To be completed by the Maintenance Department*

Maintenance Required: _____	
Time of Repairs: _____	Repair Date: _____
Repairs Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation if not completed: _____	

\_\_\_\_\_  
Campus Signature

\_\_\_\_\_  
Maintenance Signature

*Return Original to the Purchasing Department*