

## Custodial Work Request

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

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

Room Number: \_\_\_\_\_

Description of Work Requested:

The custodians' hours are Monday through Friday from 4:00 am to 12:00 pm. In order to have your request filled, they must have 24 hours prior notice. Please be patient, as there are a number of other people requiring their services.

Your signature below gives consent for the custodians to access your room.

\_\_\_\_\_

Thank you!