MAINTENANCE AND/OR REPAIR POLICY

ST. JOSEPH ACADEMY (SJA)

Department: Facilities
Number: 500.2
Effective Date: 5/12/15
Review Date: October 2019
Revised Date: January 28, 2020
Page: 1 of 2

I. Policy: To establish the procedure to use when requesting maintenance and/or repairs.

II. Procedures:

A. A work order must be filled out for maintenance and/or repair requests. Work orders can be obtained from the Receptionist, Immediate Supervisor or Facilities Department. Work orders may be filled out by the employee, but need to be signed by their immediate supervisor. Work requests may also be made online at maintenancerequests@sjamilwaukee.org, your supervisor must be cc’d on this request. The work request is considered valid once supervisor replies “approved”.

B. General work orders will be completed within 24 hours. Structural changes to classrooms will be completed after discussion between the Facility Director and the Supervisor that approved the work order.

C. The Facilities Director will delegate work orders to staff. When the work order has been completed, it will then be returned to the Facility Director to be logged and filed.

Approved by: [Signature]
President/CEO

Date: 2/14/2020
## MAINTENANCE WORK ORDER

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Location/Room Number: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ________________________________</td>
<td>Requested Completion Date: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Best Time/Day to Perform Work: ________________________</td>
</tr>
</tbody>
</table>

**Description Of Work Requested:**

- ____________________________________________________
- ____________________________________________________
- ____________________________________________________
- ____________________________________________________
- ____________________________________________________
- ____________________________________________________
- ____________________________________________________

<table>
<thead>
<tr>
<th>Supervisor’s Authorization: __________________________</th>
<th>Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Office Authorization (If Necessary): __________</td>
<td>Date: ________________________</td>
</tr>
</tbody>
</table>

**Work Completed By: __________________________ Date: __________**