



**Work Initiation Request Form (WIRF)
Facilities Management Division**

Complete all fields and fax to 8854. Incomplete forms may delay processing of your request.

<input type="checkbox"/> Request for Estimate		<input type="checkbox"/> Request for Initiation of Work	
Contact Person:		Dept/College:	
Email for Contact:			
Phone:		Fax:	

WHERE (Building in which work will take place):	Room(s):
WHAT is to be done: (Describe scope of work, including any demolition; architectural, electrical, mechanical work; telephone or network connection work; equipment installation, furniture moving, etc.)	
.....	
.....	
.....	
.....	
WHY work is required. Check applicable box(es) and provide details:	
<input type="checkbox"/> Expansion <input type="checkbox"/> Change in Use/Moves <input type="checkbox"/> Minor Improvement <input type="checkbox"/> Ergonomic <input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Capital Alteration, Renovation, Upgrade <input type="checkbox"/> Regulatory, Health, Safety <input type="checkbox"/> Capital Maintenance	
Details:	
.....	
.....	
.....	
WHEN (Indicate any scheduling constraints or dependencies and the desired completion date)	
.....	
.....	

Funding Source: <input type="checkbox"/> College/Dept <input type="checkbox"/> Minor Capital <input type="checkbox"/> Other _____ Budget:						
Authorized By:				Date Submitted:		
Funding Account Code: Required elements on all transactions					Optional Elements	
Chart (1)	Fund (6)	Org (4)	Acct (5)	Prg (4)	Acty (5)	Lctn (6)

Note: Work cannot be initiated without a CFOAPAL. Requests for estimates do not need a CFOAPAL until work is approved to proceed.

FOR FMD USE ONLY: FMD File Code:
