

WORK REQUEST FORM

Requester _____

Date _____

ALL requests for staff support **MUST** be accompanied by this form and given to your program's staff assistant. This form assists in prioritizing, tracking, and charging correct budgets. **Lead time requires 2 work days for reproduction/small jobs; 5 or more work days for large/involved jobs.** TAs/GAs must have faculty/PIC approval signature for work request.

FOR JOBS THAT WILL BE CHARGED A FEE (e.g., copy center):

Budget #:

Fund #:

Cost Center:

Approval Signature:

PROGRAM: _____

COURSE: _____

OTHER: _____

MAIL to _____

PHOTOCOPY – large jobs (over 25 per original) are sent to the Copy Center

_____ number of copies: collate staple back-to-back punched holes

_____ colored paper _____

TRANSPARENCIES: black/white color

SCANNING/PDF: text (OCR) picture

COPYRIGHT CLEARANCE REQUEST (REQUIRED for multi semester use for ANGEL):
Original document will be sent to copy center who will obtain clearance, notify of any fee and return PDF suitable for posting on ANGEL.

Additional instructions for requested work: _____

NEED BY _____
date/time

RECEIVED _____
date/time

COMPLETED _____
date/initials