

California State University, Northridge
Departments of Kinesiology and Recreation & Tourism Management
College of Health and Human Development

Work Order Request

Date: _____

Employee Name: _____

Location: _____

Phone Extension: _____

Supervisor: _____

(TA(s) & Student Assistants only)

Equipment Type: _____

Work requested (Note: Please be specific on the type of work needed):

Note: Please allow 2 – 3 working days on all work-orders to be completed, unless otherwise specified.

FOR IT PERSONNEL USE ONLY

Approved by: _____

Completed by: _____

Date completed: _____

Comments: _____
