

**GIBSON COUNTY SCHOOL DISTRICT  
MAINTENANCE WORK ORDER**

DATE \_\_\_\_\_

TIME \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PRIORITY: (check one)    HIGH \_\_\_\_\_

LOW \_\_\_\_\_

**MAINTENANCE PROBLEM:**

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**All fields must be completed and work order approved by principal before jobs can be scheduled.**

\_\_\_\_\_  
**Approved by Principal**

**Completed by District Office:**  
Date job completed \_\_\_\_\_  
Job completed by \_\_\_\_\_