



Facility **modification** or **renovation** **Form**

Requestor:

Name: _____ Position: _____

Campus: _____ Date: _____

Describe the proposed modification or renovation:

Justify the proposal & provide budget Allocated:

Approval at Campus level:

Principal: _____ Date: _____
(Name and signature)

Facilities and Construction Services Department (only)

Date received: _____

This request will impact the following department(s):

<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Facilities and Construction Services	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Safety	<input type="checkbox"/> Energy Management	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Security	<input type="checkbox"/> Transportation	

Comments from the impacted department(s) (please sign and date):

This proposal was:

Approved (Identify Budget Code) **Disapproved** (comments attached)

Signed _____ date _____