

**IN-HOUSE CHAPTER
LABOR REQUEST FORM**

REQUESTED BY _____ DATE OF REQUEST _____

LOCATION OF PROJECT: _____

LENGTH OF PROJECT: _____

ARE MATERIALS PROVIDED: YES _____ NO _____ NUMBER OF LABORERS NEEDED? _____

DESCRIBE DAMAGES TO PROJECT: _____

NATURE OF WORK TO BE PERFORMED: _____

SIGNATURE: _____ REQUEST RECEIVED BY: _____

TO BE COMPLETED BY SUPERVISOR OR LABORER(S):

() Supervisor's/Laborers assessment of damages to Project Labor Request: _____

() Supervisor's/Laborer's recommendation for damage assessment for repairs: _____

() Other problems not addressed or identified: _____

TO BE COMPLETED BY THE SERVICE PROVIDER:

APPROVAL for Labor Request: YES () NO () REASON FOR DENIAL: _____

Was the Work/Project completed? YES () NO () Date of completion: _____

Brief description of work performed: _____

Did the Chapter contribute or provide any materials? YES () NO ()

If work/Project not completed, state reason why: _____

CSC/OS/Chapter Official

Date