Northwestern State University
Campus Construction Work Request Form

This form must be completed by any campus department requesting construction, renovation, or major repair work. Submit the completed form to the Facilities & Plant Operations Office at physicalplant@nsula.edu for review and approval.

Please allow sufficient time for evaluation, scheduling, and funding approval. Additional time may be required for architectural/engineering design, bid advertising, and contract award if applicable.

Section 1: Requestor Information

Name: _____
Department/Unit: _____
Phone Number: _____
Email Address: _____
Date of Request: _____

Section 2: Project Location

Building Name: _____
Room/Area(s) Affected: _____
Campus Map Reference (if applicable): _____
Primary Function / Current Use of Space: _____
Proposed Function / Use of New / Renovated Space:

_____

_____

_____

_____

Section 3: Type of Work Requested (check all that apply)

☐ Renovation / Remodeling	☐ Painting / Finishes	☐ Site / Landscape
☐ New Construction / Addition	☐ Flooring / Carpentry	☐ Building Exterior / Roof
☐ Mechanical / HVAC	☐ Plumbing / Utilities	☐ Safety / Code Compliance
☐ Electrical / Lighting	☐ ADA Accessibility Upgrade	☐ Other: _____

Section 4: Project Description

Provide a detailed description of the requested work. Attach sketches, floor plans, photographs, or other supporting documentation as needed.

_____

_____

_____

Section 5: Justification / Purpose

Explain why this project is necessary (e.g., safety, compliance, program growth, deferred maintenance, student experience).

_____

_____

_____

Section 6: Funding Source

Departmental Imdex Number: _____

Funding Source Name/Description: _____

Amount Available for Project: $_____

Funding Secured: ☐ Yes ☐ No

Funding Options:

☐ Departmental ☐ Grant ☐ Other Identified Funds_____

☐ Facilities Funding Requested (no departmental funds available)

Additional Notes: _____

Section 7: Special Considerations

Desired Start Date: _____

Desired Completion Date: _____

Will the area remain occupied during construction? ☐ Yes ☐ No

Special Access, Safety, or Scheduling Concerns:

_____

_____

Schedule Requirements / Critical Dates

Desired Completion Date: _____

Please select any scheduling issues/requirements below:

☐ Semester Start / End ☐ Fiscal Year End ☐ Semester Break ☐ Time of Day

☐ Other: _____

Will architectural drawings be required for this project? ☐ Yes ☐ No

☐ Check if you would like to schedule a meeting to discuss this project with the Director, Facilities & Plant Operations.

Section 8: Project Approvals (All signatures required before submission)

The approvals below indicate fiduciary responsibility for this project using the account number provided above.

Requestor Signature: _____ Date: _____

Director/BUH Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Section 9: Facilities & Plant Operations Use Only

Received By: _____ Date: _____

Work Order/Project Number: _____

Reviewed By: _____

Estimated Cost: $_____

Funding Source Verified: ☐ Yes ☐ No

Action: ☐ Approved ☐ Not Approved ☐ Returned for Revision

Comments/Conditions:

_____

_____

_____

Facilities Reviewer Signature: _____ Date: _____