



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 publicworks@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 Index 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: _____

☐ Index Verified: _____

Funds Available: ☐ Yes ☐ No

Account Code: _____

Vendor Established in Banner? ☐ Yes ☐ No

Vendor Number: _____

If No: ☐ W-9 Requested ☐ W-9 Received

Current Certificate of Insurance (COI) on File? ☐ Yes ☐ No ☐ N/A

Work Order / Project Number: _____

Reviewed By: _____

Estimated Project Cost: \$ _____

Action Taken:

☐ Approved ☐ Not Approved ☐ Returned for Revision

Comments / Conditions:

Facilities Reviewer Signature: _____ **Date:** _____

Contr./Data Coordinator Signature: _____ **Date:** _____

Director, F&PO Signature: _____ **Date:** _____