

**Work Request Form  
Office of the State Engineer**

Request Delegation to Institution?  
Does Institution Intend to Design?  
Is this a \*Revised Work Request?

OSE# \_\_\_\_\_ (If Revised, include original OSE #)

Agency Name: \_\_\_\_\_ Program or Institution Name: \_\_\_\_\_

**Project Funding:** Please indicate the project's sources of funding by listing each one as general, HEFF, Bond, SLB, Federal, or other.  
(The grant or dedicated revenue name should be indicated for federal and other sources). **Work Request will be returned if information is incomplete.**

Source	Fiscal Year	Dollar Amount	Revised Dollar Amount	Current \$ amount
General: _____	_____	_____	_____	_____
Federal: _____	_____	_____	_____	_____
HEFF: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Project Type: \_\_\_\_\_

Project Location - Building Name: \_\_\_\_\_ Institution/City: \_\_\_\_\_

Project Name: \_\_\_\_\_

**\*\*This name will be use on all contracts and correspondence through out the project.**

**What type of construction is required?** Check all types that apply and estimate the percentage of each type.

Architectural Construction _____ %	Structural Construction _____ %	Electrical Construction _____ %
Roof Construction _____ %	Mechanical Construction _____ %	Other Construction _____ %
Civil Construction _____ %	Asbestos _____ %	_____ %

Where should OSE direct vouchers to for payment? \_\_\_\_\_

Does your agency plan to do the construction with agency labor?

Will this project involve Computer/Phone Cabling?

Please describe the project size and scope, indicating whether it will be a study, preparation of a cost estimate, or full design and construction:

Please indicate the desired project completion date: \_\_\_\_\_

Project Contact Person: Name: \_\_\_\_\_  
Agency/Institution \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

OSE Project Engineer Approval  
State Engineer Approval

Priority status of this project within your agency's current project listing:

Your agency's project number, if any:

Institution Signature for Authorization:

Signature

Date

Signature

Date

By signing below, I affirm that my agency has statutory authority and legislative approval and appropriations for this project.

Department/Bureau/Agency Secretary, Commissioner or Executive Director Signature required below.

Signature

Date

Signature

Date