

**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	Original 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
Date

State Engineer Approval
Date

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