

## Maintenance & General Request Form

Co	DNFIDENTIAL	
Staff/Student Name Lo	cation/Room No/Class	Current Date
acility Requiring Attention:		
Description of the Problem:		
Course of Action (Internal/External):		
Completion/Satisfaction:		
To be COMPLETED out by the Office Adminis	etrator:	
The maintenance request is:	☐ Approved ☐ Not Approv	ed
The request relates to Technological Facilities	s:	:)
	□ No	
Office Administrator	Signature	. Date
CEO	Signature	 Date

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Authorised by CEO	CRICOS # 03219A	RTO # 22424
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