



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Request for Campus Modification

1. PROJECT REQUESTOR'S INFORMATION

Campus/Facility Name:	Request Date:
Project Name:	
Project Description:	

Continue on back if needed

Date Modification Needed:	Is Requested Modification Required By Law? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify/Cite Law, Code, or Agency:	
<i>(Attach supporting documentation as applicable.)</i>	
Initial Cost Estimate: \$	Projected Maintenance Costs (per year): \$
Funding/Budget Code:	
Requestor's Name (print):	Phone:
Requestor's Signature:	Date:

2. PRINCIPAL/FACILITY MANAGER REVIEW AND ENDORSEMENT

By endorsing the above project, I understand that the funding and maintenance of the above project is the responsibility of my campus/facility. Items that I have considered include but may not be limited to:

- Project description
- Funding source
- Project design/engineering/oversight that may be needed and included in the funding
- Projects involving excavation(s), underground investigations for utilities is included in the funding
- Warranty needed and provided
- Environment, safety, health, energy assessments needed and performed
- State, county and local (e.g. City of San Antonio Historical Society) approvals/permits needed and obtained
- Water reclamation projects – special provisions considered
- Project sign included in the funding (attach examples)

Other: _____

Plant Services Work Order#: _____

Principal/Facility Manager Name (print):	Phone:
Principal/Facility Manager Signature:	Date:

3. REVIEW/APPROVAL BY AREA EXECUTIVE DIRECTOR

Comments:	
Project Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Area Executive Director:	Date:

4. FACILITIES SERVICES REVIEW

Advisory review provided to ensure consultants and installers are acceptable, licensed, and meet their obligations.

Route to:

- Plant Services
- Environmental
- Drafting and Design
- Other:

Initial Cost Estimate: \$

Annual Maintenance Costs: \$

Projected Timeline:

Comments:

Recommend Approval: Yes No Signature:

Date:

APPROVAL:

Associate Superintendent, Facilities Services

Date: