

FACILITIES ENGINEERING WORK REQUEST

For use of this form, see DA Pam 420-6; the proponent agency is OACSIM.

| | | | | | | | | | | | | | | | |
|---|-------------------------------------|---|--------------------------|-----------|-----------------------|---|------------------------------|---------------------------------|------------------|---|---|-----------------|------------------|-----|----|
| PART A <i>(See requestor instructions)</i> | CUSTOMER ID | DOCUMENT SERIAL NUMBER | FY | TYPE | SHORT JOB DESCRIPTION | | | | | | DATE | | | | |
| | | | | P | | | | | | | | DA | MON | YR | |
| INSTALLATION ABBREVIATION OF FACILITIES | | BUILDING/FACILITY NUMBERS | | | | | | | | | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | |
| 1 | HOOD | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| REMARKS | | | | | | | | | | | | | | | |
| INSTALLATION NAME Fort Hood | | | | | CUSTOMER NAME | | | | | POC NAME | | | POC PHONE NUMBER | | |
| WORK DESCRIPTION <i>(Description and justification of work request)</i> | | | | | | | | | | | | | | | |
| AUTHORIZED REQUESTOR <i>(Type or print)</i> | | | | | | | | | | AUTHORIZED REQUESTOR SIGNATURE | | | | | |
| PART B <i>(Approving Official Only)</i> | | APPROVAL ACTION CODE: | | | | | | SPECIAL INTEREST CODE: | | | | | | | |
| | | WORK REQUEST PRIORITY: | | | | | | ESTIMATED WORK START DATE: | | | DA | MON | YR | | |
| | | PROGRAM INDICATOR CODE: | | | | | | ESTIMATED WORK COMPLETION DATE: | | | | | | | |
| ENVIRONMENTAL IMPACT | | | WORK TO BE PERFORMED | | | WORKCLASS | | | APPROVAL AMOUNTS | | | SOURCE OF FUNDS | | | |
| YES | NO | ENVIRONMENTAL CONSIDERATION EIS / EIA INITIATED EIS / EIA COMPLETED | <input type="checkbox"/> | IN-HOUSE | TOTAL | FUNDED | | UNFUNDED | | <input type="checkbox"/> DIRECT <input type="checkbox"/> AUTOMATIC REIMBURSEMENT <input type="checkbox"/> FUNDED REIMBURSEMENT ACCOUNT PROCESSING CODE | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | SELF-HELP | | \$ | \$ | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | CONTRACT | | \$ | \$ | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | TROOP | | \$ | \$ | | | | | | | | |
| DESIGN APPROVAL <i>(Please type or print name)</i> | | | | DATE | | APPROVAL AUTHORITY <i>(Please type or print name)</i> | | | | APPROVAL ACTION | | DATE | | | |
| DESIGN APPROVAL SIGNATURE | | | | DA | MON | YR | APPROVAL AUTHORITY SIGNATURE | | | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | DA | MON | YR |
| | | | | | | | | | | | | | | | |