

INSTRUCTIONS

STEP 1: Use the TAB key or MOUSE to navigate to the desired fields and type information into the form.

STEP 2: Please print, sign and forward the form to the appropriate Program Director for approval prior to sending to Operations for processing.

**Chief Academic Officer Regional Learning Community #1 – Cari Ake
Chief Academic Officer Regional Learning Community #2 – Brian Lowney
Chief Academic Officer Regional Learning Community #3 – Christine Moloney
Chief Assessment & Accountability Officer – Glenn Malone**

**Please send completed form to Nancy Oliver, Operations, 323 12th St. NW,
Puyallup, WA 98371.**

If you have any questions, please call Nancy Oliver, Capital Projects Secretary at 253-841-8641 or email to olivernj@puyallup.k12.wa.us.



PUYALLUP SCHOOL DISTRICT
A Tradition of Excellence

Operations Department Project Request

Operations Department
323 12th St. NW
Puyallup, Washington 98371
Office: (253) 841-8641
Fax (253) 841-8640

For a full description of the District Small Capital Project process please note the attached Facilities procedure [# 05-05-03](#)

- Check if this is a program emergency
- Check if this is an off-cycle request

School or Facility Name: _____

Building Description/Name/Site: _____

Please describe the existing condition of your area of concern:

Please describe the nature of your project:

Why is it needed? What is needed? When does it need to be done? What are the consequences of not doing it? How does this work relate to the [District's Strategic Directions](#)? Please be as specific as possible in your description. If you have any cost information, please share that with us.

Site Administrator: _____

Signature: _____

Date: _____

Your priority 1,2, or 3 (1 is high) _____

Signature of Program Director: _____