ERF WORK REQUEST

Requestor must complete Project Planning and Approval sections and submit to the Dean's Office after discussing with ERF Technician. Incomplete forms will be returned. Work will not be completed without properly completed & approved form.

**Date: Name: Phone: Dept:**

**PROJECT PLANNING**

**Requested Completion Date: Project Name:**

Describe what needs to be done (attach sheet if necessary):

* This project must be completed at least by: Date: Why?

(FOR TECHNICIAN USE ONLY)

Time Required: Completion Date:

Parts or Materials Used (approximate cost):

Problems/Explanations:

# DEPARTMENTAL/CENTER APPROVAL

(Check the appropriate boxes, provide required information, and obtain appropriate signature.)

* Academic: Course Number #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept. Chair signature required**
* External Supported Research – Account # must be entered **PI or Center Director approval required**

 Account #: €€€-€€€€-€€€€€-€€€€€€€€€-€€

* Internally Supported (i.e. Departmental account) – Account # must be entered **Dept. Chair signature required**

 Account #: €€€-€€€€-€€€€€-€€€€€€€€€-€€

Approver’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approver’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_