

2007-08

BA #21

Date Issued 8/07

TO: ADMINISTRATORS, OFFICE STAFF, DIRECTORS, and BUILDING SUPERINTENDENTS

**FROM: Dennis Van Horn, Associate Superintendent for Business Affairs
Scott Wieskamp, Director of Facilities & Maintenance**

SUBJECT: REPAIR REQUEST

The **TMA Work Request System** should be used to submit repair requests.

- ✓ Provide all necessary information regarding your request to your building's office personnel who have been trained and authorized to work in the TMA Work Request System.
- ✓ **Only** trained and authorized personnel can enter a work request by following instructions set forth in the TMA Training Manual. The Requester's Authorization Form can be found on the Facilities and Maintenance page of the LPS Website (see page 2 for sample).

The following are required fields and must be included when a repair request is submitted (see page 3 for sample TMA electronic form):

1. Requester's name must be entered.
2. Phone number.
3. Email address.
4. Repair Center (CMF).
5. Location – use specific location (room number, area of grounds, etc.). Always use the room number and not the room name.
6. Request information – provide accurate and complete description, indicating where repair is needed in a particular room (i.e., west wall). Use the cabinet catalog for ordering cabinets. Attach a drawing of what is needed. Justification must be given for all requests.
For Custodial Equipment Only:
7. Tag Type – choose Equipment; if not listing a piece of custodial equipment, leave as "Location."
8. Tag # - enter as per example.

Lincoln Public Schools
Facilities and Maintenance
TMASYSTEMS Authorization Form

One Form for One Person per Building: This form is to be completed for each authorized employee in your building requesting activation and/or termination in the TMASYSTEMS. Please complete the appropriate section as needed.

AUTHORIZATION: Please complete following information for employee to have access to TMASYSTEMS.

Name _____ Title _____ Employee ID # _____ Effective Start Date _____	Bldg/Site _____ Phone _____ Email _____ _____ Administrator's Signature Date
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Remember to complete the TMASYSTEM Authorization Form – Termination Section for the employee leaving your building and send with this form.

TERMINATION: Please complete following information when above employee is no longer authorized to access TMASYSTEMS. Deactivation will occur as of "Effective Termination Date."

Reason: <input type="checkbox"/> Leaving LPS <input type="checkbox"/> Moving to _____ <small style="margin-left: 150px;">Building Name</small> <input type="checkbox"/> Other _____ Effective Termination Date _____	_____ Administrator's Signature _____ Date
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Mail or Fax form to: Scott Wieskamp at FM / 436-1557

FM APPROVAL: Your TMASYSTEMS Requester's Authorization will be set up after the completed form is received and approved by FM. Employee will be informed via email of their log-in name and password assigned.

For Office Use Only

_____ Director of Facilities and Maintenance Signature _____ Date	_____ FM Office Staff Initials _____ Date	_____ Tech Coord. Initials _____ Date	Password Assigned _____	<input type="checkbox"/> ISD User <input type="checkbox"/> DT User	<input type="checkbox"/> Employee Deactivated _____ Staff Initials
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Select your Facility

Select your Building

Submit your Request

Request Form for Facilities & Maintenance

1.	*Name:-----	J. Kleager
2.	*Phone #:-----	1072
3.	*E-mail Address:-----	jkleager@lps.org
4.	*Repair Ctr:-----	CMF - Facilities and Maintenance
5.	*Location:	
	Account #: Do not use	
7.	Tag Type:	Location
8.	Tag #:	
6.	*Request:	

* Are required fields

SAMPLE