

Work Request Form

Name: _____ Date: _____

Division and Course Number: _____ Date and Time Required: _____

Duplication

Number of Copies: _____ Exam: _____ Copy Code: _____

Options: *(Please circle all that apply)* Front & Back Collate Staple Enlarge Shrink to Fit

Paper Color: *(If no color is specified, white paper will be used)*

_____ White _____ ivory _____ yellow _____ pink
_____ Green _____ blue

Typing:

Final _____ Exam _____ Course Materials _____

Letter _____ Envelope _____ Memo _____ Email _____

Draft copy? _____ Final on letterhead? _____ Do you want a copy for your file? _____

Other Special Instructions?:

Date Received: _____ Date Completed: _____ Completed by: _____

Note: Exams will be kept in a file cabinet for security and all other copies may be placed in your mailbox.
Please allow **TWO FULL WORKING DAYS** for completion of your request.