

**MUHLENBERG COLLEGE**  
DEPARTMENT OF PLANT OPERATIONS

REQUEST FOR REVIEW/CONSIDERATION FORM

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION I: REQUEST FOR REVIEW/CONSIDERATION

The attached work request is provided for your review and consideration. Please return this form to the Plant Operations office following your decision. Please feel free to contact the individual making the request directly should you have any questions. Your cooperation is appreciated.

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SECTION II: DECISION

SIGNATURE: \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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SECTION III: IDENTIFICATION OF REQUEST

W.O. #: \_\_\_\_\_

Planner: \_\_\_\_\_

Date: \_\_\_\_\_