

**FACILITIES PROJECT APPROVAL FORM**

Office of Facilities, Maintenance, Operations & Construction (MOC), Ext. 3250  
SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT

1) Site: \_\_\_\_\_ Originator Name: \_\_\_\_\_

2) Proposed Project: \_\_\_\_\_

3) Estimated cost of project: \_\_\_\_\_ Requested start date: \_\_\_\_\_ Source of funding: \_\_\_\_\_

4) Detailed description of project: Include purpose, drawings, pictures, etc. (Attach additional information as necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Does this project require additional utility service? If so, what type? \_\_\_\_\_

\_\_\_\_\_

6) Location on the site for the project: (Include site plan) \_\_\_\_\_

\_\_\_\_\_

7) Attach a proposed project schedule, requested timeline and volunteer waiver (if applicable).

8) After the signature of the Principal, please send to the Chief of Facilities & Operations for log-in and routing for approval: **NO PROJECT MAY COMMENCE WITHOUT PRIOR APPROVAL. FAILURE TO COMPLY MAY RESULT IN A REQUEST TO REMOVE THE PROJECT AT YOUR SOLE EXPENSE.**

Approved     Approved w/Comments     Reject

Approved     Approved w/Comments     Reject

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

  x    
Principal \_\_\_\_\_ Date

  x    
Manager, MOC \_\_\_\_\_ Date

Approved     Approved w/Comments     Reject

Approved     Approved w/Comments     Reject

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

  x    
Director, Elementary Education \_\_\_\_\_ Date

  x    
Chief Technology Officer (if applicable) \_\_\_\_\_ Date

  x    
Director, Secondary Education \_\_\_\_\_ Date

Approved     Approved w/Comments     Reject

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director, Human Resources \_\_\_\_\_ Date

Approved     Approved w/Comments     Reject

Approved     Approved w/Comments     Reject

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

  x    
Chief, FMOC \_\_\_\_\_ Date

  x    
Assistant Superintendent of Business Services \_\_\_\_\_ Date