

Library Media Services

Library Support Staff Service Request Form

School Name: _____
Person Requesting _____
Services: _____ Date: _____

Type of Service Requested:

- Cataloging of Equipment Weeding
 Reorganizing (*Describe*): Relocating (*Describe*):

Other

Date for Requested Services: _____

You must submit requests for services, three weeks prior to the first day you will like the services started.

Employee Signature

Date

Library Media Services Approval

Date Request Received:

- Approved Rejected

Date services will be performed: _____

Comments: _____

Library Media Services Signature

Date