Career and Technical Education Program Work Order Request Form

CUSTOMER NAME and TITLE/RANK		ORDER DATE	ORDER NUMBER				
CUSTOMER PHONE NUMBER							
CUSTOMER EMAIL ADDRESS		EXPECTED START DATE	EXPECTED END DATE				
ORDER RECEIVED BY							
CORRECTIONAL FACILITY							
OCCUPATIONAL PROGRAM SERVICE							
IS (CHECK ONE):	 □ An employee of the Department of Public Safety and Correctional Services (DPSCS) □ An employee of the Maryland Department of Labor (MDL) □ A non-profit charitable organization □ A government entity (Federal, State, or Local Government) 						
	Tigo terminent energy (i eueras, state, or Boear Government)						
MATERIALS TO BE SUPPLIED BY THE CUSTOMER:							
	VEHICLE MAKE:						
IF APPLICABLE, MODEL: INCLUDE FOR							
	COLOR:						
WORK DESCRIPTION:							

LABOR DESCRIPTION (If applicable, include explanation of variance from the Program Fee Schedule)	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
LABOR TOTAL	\$

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COMPLETED BY CUSTOMER

I, request to undertake the works described above and agree to pay the above fee upon completion of the requested service(s). I also understand and acknowledge that in the event of non-payment of this service, the Maryland Department of Labor may refuse to perform further services unless and until such delinquent service fees are paid.						
Print Name and Position (Title/Rank)		Signature and Date			
		COMPLETED BY MDL APPROVING PA	RTY			
INSTRUCTOR NAME AND TITLE						
APPROVAL DECISION		APPROVED DENIED (If unapproved, provide an explanation below)				
IF APPLICABLE, MANAGING AUTHORITY NAME AND TITLE						
APPROVAL DECISION		APPROVED DENIED (If unapproved, provide an explanation below)				
Instructor Signature and E	Date					