

Goddard Space Flight Center

FMB Work Request No. _____

See Reverse Side of Copy #3
For Instructions

1. Requester	Building	Phone	Code	Date	Date Req'd	
2. Job Order No. (Labor)	Job Order No. (Materials)		Appropriation		Budget Line Item	
3. Approval Authority	Code	Date	FOM Approval	Building	Phone	Date
4. Work Site/Bldg. No.	Location (Room or Area)			Equipment ID No.		

5. Complete Description of Work Required

6. Justification
DO NOT WRITE BELOW DOUBLE LINE

7. PAD Req'd <input type="checkbox"/> Submitted <input type="checkbox"/> Approved	8. Permit (Sign) Digging _____ Burning _____ Other _____	9. Outage Req'd (Initial) <input type="checkbox"/> Steam <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other	10. Impact on Facility Base Line Dwg's. <input type="checkbox"/> Submitted <input type="checkbox"/> Approved	11. Design Req. <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Concurrence (Sign/Date) Safety/Security _____ FCC/FCMC _____ Engineering _____ Bldg. Mgr. _____
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13. Work Type	14. Special Case	15. Job Code	16. Priority Code	17. Est. Start Date ____/____/____ Est. Comp. Date ____/____/____
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18. Work Performed

19. Actual Start Date ____/____/____	Actual Completion Date ____/____/____
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20. Financial Summary

Shop Code	Estimated		Actual				
	Material Cost	Labor Hours	Labor Hours	Overtime	Material	Contract Cost	Total Cost
					20-7	\$	
					Contract	\$	\$
					BPA & Call No.	\$	
					D. O. No.	\$	\$
					Reimbursable	\$	\$
Total							

21. Craftman's Signature	22. Planner	23. Event Score
24. Signature (FOM/Requester/TAM/Bldg.Mgr.) Work Complete	25. Work Control (Sign and Date)	

Instructions for Completing POMD Work Request Form

Line 1. Enter Requester name, building number, phone, code, date, and date work is required.

Line 2. The majority of available services are maintenance related and pre-funded. However, certain services, such as the fabrication of frames, shelves, and bookcases are not maintenance related and are not pre-funded. To obtain such service, you will need to provide a valid job order number, appropriation number, and budget line item number for materials and labor. Your Fiscal Assistant and/or Financial Analyst can be of assistance in this matter. In cases where items are commercially available, the user must fund for and obtain these items.

Line 3. Obtain approval authority signature (Branch Head or above at Greenbelt; Division Chief for minor alterations and modifications; Branch Head for all requests at Wallops), code, and date signed. For rehabilitation and modification requests, enter signature, building number and phone number of Facility Operations Manager (FOM), and date signed. Modifications that impact the Center's facilities or utility systems must be approved by the Facilities Configuration Management Committee (FCMC) at Greenbelt, and by the Facilities Coordination Committee (FCC) at Wallops (reference GMI 8821 .1).

Line 4. Enter building number of work site, location (room #, area, floor, etc.) for all requested services.

Block 5. Enter a description of the work required. Attach drawings as necessary to augment written description.

Line 6. Enter a brief justification of why work needs to be performed. In addition, justify date required if less than 10 working days from date originated.

Blocks 7-20 Leave blank.

Block 24. The Requester, FOM, or Task Area Monitor (TAM) signs that work is complete. If a signature was unobtainable at the time that the shop completed the job, the Building Manager or TAM will make several attempts to contact the requester and/or FOM to ensure that work was completed to their satisfaction. However, if the attempts fail, the Building Manager or TAM will inspect the job to determine completeness and sign for the requester or FOM.

*Note: Submitted work requests that do not contain the appropriate information as outlined above, will be returned to the requester.