



REQUEST FOR CLERICAL WORK

NAME _____

DATE SUBMITTED _____

COURSE NO. _____

TIME SUBMITTED _____

COPY FOR COURSE HISTORY FILE?

DATE DUE _____

(circle one) yes / no

TIME DUE _____

COPY WORK:

_____ # OF COPIES

PAPER COLOR CHOICE (if not white) _____

NOTE: ALL SUBMITTED WORK WILL BE RE-PRODUCED AS TWO-SIDED COPIES UNLESS SPECIAL INSTRUCTIONS ARE GIVEN.

Staple / Bind / Clip (circle one)

_____ # OF TRANSPARENCIES

TYPING WORK:

(check one):

_____ Type Attached on CS letterhead _____ Prepare label(s) _____ Prepare Envelope(s)

SPECIAL INSTRUCTIONS: (all work will be put in your mailbox unless otherwise requested)

_____ Date Completed

_____ By (Print Name)