**Carpentry Service Request Form for Staff**

**Name : .**

**Mobile:**

**Quarter No:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Explain the nature of the service required** | **Propose convenient time and date below (be in the quarter during this time)** | **Remarks and Signature of Complainant (After they attended with Date)** | **Supervisors remarks (Executed/Not executed)** |
|  |  |  |  |

**Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Contact No.** |
| Tshewang Dorji/ Mon.Bdr | Carpenter(1) and Helepr(1) | 17740889/77868845 |

***Note:***

*This application must be submitted at (Room No. 214: Door) to depute the staff concerned on the proposed time and date as stated above.*