# Teck Acute Care Centre (Teck ACC)

# Minor Works (MW) and Miscellaneous Occupancy Request (MOR) Form

**This form should be used for all types of Minor Works Requests and Miscellaneous Occupancy Requests for the TACC. Work request must be reviewed and approved by your Program Manager and/or Director prior to submission to the General Management Office.**

**Minor Works Request Process:**

1. **Complete all information in the following section, and save a digital copy for your files**
	1. **Ensure cost centre details are included for invoicing requirements**
2. **Send the saved copy via email to** TeckACCinfo@cw.bc.ca
	1. **Ensure approving Program Manager/Director is copied on the email**
3. **GMO submits request to Service Provider. Estimate is expected within 10 business days**
4. **Program Manager/Director approves or denies estimate**
5. **Service Provider completes approved work**
6. **Once the work is complete, GMO will send final invoice to Program Manager for sign-off**

| **ALL INFORMATION TO BE COMPLETED** |
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| **Date Requested:**  Click here to enter a date. | **Unit/Program:** Choose an item. |
| **Requested by:** Click here to enter text. | **If Unit/Program "other" specify:** Click here to enter text. |
| **Phone Number:** Click here to enter text. | **FM Number:** Click here to enter text. | **Wayfinding Number:** Click here to enter text. |
| **E-Mail Address:** Click here to enter text. | **Critical Date Work Required by (if applicable):** Click here to enter a date. |
| **Program Manager Name:**   Click here to enter text. | **Department Cost Centre:** Click here to enter text. |
| **Detailed Description of Work:**(Include detail of scope of work such as: materials, electrical, communication, moving items etc.)Click here to enter text. |
| **Work to be completed during (Please check box):**[ ]  **Regular Business Hours** [ ] **After Hours/Weekend** Click here to enter text. |
| **Reason Work is Required:**Click here to enter text. |