



REQUEST FOR CLERICAL WORK

FORWARD FORM
TO THE MAIN OFFICE

NAME _____
COURSE NO. _____
COPY FOR COURSE HISTORY FILE?
(circle one) yes / no

DATE SUBMITTED _____
TIME SUBMITTED _____
DATE DUE _____
TIME DUE _____

COPY WORK:

_____ # OF COPIES
PAPER COLOR CHOICE (if not white) _____
Staple / Bind / Clip (circle one)
_____ # OF TRANSPARENCIES

NOTE: all submitted work will be re-
produced
as two- sided copies unless special
instructions are given.

TYPING WORK:

(check one):

_____ Type attached on UIC 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) _____

ECE FORM REV. 6/02



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