Office of State Buildings State of Louisiana

Division of Administration

JEFF LANDRY GOVERNOR



TAYLOR F. BARRAS COMMISSIONER OF ADMINISTRATION

HVAC Request Submittal Form
OSB Work Control Telephone Number: 225.219.4800
Email the completed and signed form to DOA-WorkControlGroup@la.gov

		Agency I	nformation			
Agency:		D	epartment:			
Section:		В	uilding:			
Floor No.:		S	uite/Room No.:			
Total Number	er of Staff Wo	orking During Tin	ne of Request:			
Total Numbe	er of Attende	es During Time of	Request:			
		Requested L	ate and Time			
Date:						
Start Time:						
End Time:						
		Justification	Requirement			
		Justification	Requirement			
			Requirement			
Agency Head	l Signature:		Requirement	Date:		
Agency Head Printed Nam			Requirement	Date:		
	e:	Signature l	Requirement			
	e:	Signature I nal Use Only – Plo	Requirement	k in this	s area Denied	