

**BASE CIVIL ENGINEER WORK REQUEST**  
*(See Reverse for Instructions)*

Form Approved  
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average .3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project 0704-0188, Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to HQ AFESC/DEMG.

**SECTION I - TO BE COMPLETED BY REQUESTER**

1. FROM <i>(Organization)</i>	2. OFFICE SYMBOL	3. DATE OF REQUEST	4. WORK REQUEST NO. <i>(For BCE Use)</i>
5. NAME AND PHONE NO. OF REQUESTER		6. REQUIRED COMPLETION DATE	7. BUILDING, FACILITY OR STREET ADDRESS WHERE WORK IS TO BE ACCOMPLISHED
8. DESCRIPTION OF WORK TO BE ACCOMPLISHED <i>(Include Sketch or Plan, when appropriate)</i>			
9. BRIEF JUSTIFICATION FOR WORK TO BE ACCOMPLISHED <i>(Not required for maintenance and repair)</i>			
10. DONATED RESOURCES			

	FUNDS		LABOR		MATERIAL		CONTRACT BY REQUESTER		NONE
11. NAME OF REQUESTER					12. GRADE OF REQUESTER		13. SIGNATURE OF REQUESTER <i>(See Reverse of Form)</i>		
14. COORDINATION									

**SECTION II - FOR BASE CIVIL ENGINEER USE**

15. WORK ORDER <i>(Place an "X" in the appropriate box.)</i>										
	IN-SERVICE		SELF-HELP		CONTRACT		SABER			
16. DIRECT SCHEDULED WORK <i>(Place an "X" in the appropriate box.)</i>										
	EMERGENCY		URGENT		ROUTINE		SELF-HELP		M/C	
17. SELF-HELP <i>(Place an "X" in the appropriate box.)</i>										
	BRIEFING REQUIRED					ADEQUATE COORDINATION				INSPECTION REQUIRED

**SECTION III - COMPLETE ONLY IF WORK IS TO BE ACCOMPLISHED BY WORK ORDER**

18. WORK CLASS	19. PRIORITY	20. ESTIMATED HOURS	21. ESTIMATED FUNDED COST	22. ESTIMATED TOTAL COST							
	23. THERE IS NO NEED FOR AN ENVIRONMENTAL ASSESSMENT (AFR 19-2)			24. A WRITTEN ASSESSMENT IS BEING/HAS BEEN PROCESSED			25. APPROVED			26. DISAPPROVED	
27. REMARKS											

**SECTION IV - APPROVING AUTHORITY**

28. NAME AND GRADE <i>(Please Type or Print)</i>	29. SIGNATURE	30. DATE
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