Ohio Youth Works Program

OHIO YOUTH WORKS PROGRAM

Work Site Requisition Request

Agency Name: ____

Address: ____ **City:** ________________ **State** ________

Requestor: ________________________________ **Title:** ____________________

Phone: ________________________ **Fax:** ______________ **Email:** ____________________

Overview of what materials / equipment will be utilized for:

____

____

____

____

Certificate:

ITEM	QTY	ITEM	QTY
CPR Training	________	First Aid Training	________

Work and Protective Gear:

ITEM	QTY	ITEM	QTY
Uniform:	________	Shoes /Boots:	________
Goggles:	________	Gloves:	________
Mask:	________	____________:	________
____________:	________	____________:	________

Tools:

ITEM	QTY
____	________
____	________
____	________

I affirm that the above item(s) are necessary for the OYWP participant(s) to perform his/her job duties.

________________________	________________________	________
Name	Signature	Date

>>

OYWP:
Date: ____________________
# of Approved Items: ______________
Reviewed by: ____________________

Finance Department:
Date: ________________________
Received by: ____________________
Affix Receipts to Form.