

**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 (Organization)	2. OFFICE SYMBOL	3. DATE OF REQUEST	4. WORK REQUEST NO. (For BCE Use)
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 (Include Sketch or Plan, when appropriate)			
9. BRIEF JUSTIFICATION FOR WORK TO BE ACCOMPLISHED (Not required for maintenance and repair)			
10. DONATED RESOURCES			
	FUNDS	LABOR	MATERIAL
			CONTRACT BY REQUESTER
			NONE
11. NAME OF REQUESTER		12. GRADE OF REQUESTER	13. SIGNATURE OF REQUESTER (See Reverse of Form)
14. COORDINATION			

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

15. WORK ORDER (Place an "X" in the appropriate box.)			
	IN-SERVICE	SELF-HELP	CONTRACT
			SABER
16. DIRECT SCHEDULED WORK (Place an "X" in the appropriate box.)			
	EMERGENCY	URGENT	ROUTINE
			SELF-HELP
			M/C
17. SELF-HELP (Place an "X" in the appropriate box.)			
	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 (Please Type or Print)	29. SIGNATURE	30. DATE
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