



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON  
4551 LLEWELLYN AVENUE, SUITE 5000  
FORT GEORGE G. MEADE, MARYLAND 20755-5000

IMME-PW

27 AUG 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fort George G. Meade Policy Memorandum # 34, Requesting Work, Preparing and Submitting DA Form 4283 (Facilities Engineering Work Request)

1. References:

- a. DA Pamphlet 420-06, Directorate of Public Works Resource Management System, 15 May 2007
- b. DA Pamphlet 420-11, Project Definition and Work Classification, 13 Jan 2010
- c. Army Regulation 420-1, Army Facilities Management, 28 Mar 2009
- d. DA Form 4283, Facilities Engineering Work Request, Sep 2003

2. Purpose: To provide guidance on the correct procedures for completing DA Form 4283.

3. General: The Directorate of Public Works (DPW) requires all tenants on Fort George G. Meade to identify the following on all DA Forms 4283, Facilities Engineering Work Request, for proper work class determination. Requests will only be accepted from prior appointed Point of Contact and Authorized Requestors identified on the DD Form 577, Appointment/Termination Record submitted by each Directorate/Senior Commander or their Deputy/Executive Officer.

4. Policy: The Director of Public Works is the Accountable Officer (AO) for all real property assets in the US Army Garrison Fort George G. Meade (FGGM), Area of Responsibility (AOR) and is the proponent of all Real Property maintenance, repair and construction work within the FGGM community. Each tenant unit and organization has a Responsible Officer (RO) who is signed for that organizations' real property. The RO is responsible for the real property and ensures it is properly used and maintained. The RO of tenant units and organizations submits DA Form 4283 to facilities when the scope of work exceeds that of a Demand Maintenance Order (DMO).

5. Procedures: DA Form 4283 should be completed electronically displaying all digital signatures. When preparing the DA Form 4283, provide the following information from Part A (these instructions are also found on Page 2 of the form).

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- Customer ID: Each tenant will enter their customer identification number.
- Document Serial Number: Leave Blank DPW will enter.
- Fiscal Year (FY): Leave Blank DPW will enter.
- Type: Leave Blank DPW will enter.
- Short Job Description: Provide a concise description using descriptive words such as renovate, repair, repaint, or construct.
- Date: Enter the date you are completing the form Day/Month/Year (e.g., 28/02/10).
- Installation Abbreviation of Facilities: Enter the type of building/facility (e.g., admin, storage, barracks, road, laboratory, clinic, motor pool, classroom, cafeteria, CDC – Child Development Center).
- Building/Facility Numbers: Enter # (1900).
- Remarks: Enter any pertinent remarks concerning the request. Also include the name, email address and telephone number of the person who is the subject matter expert.
- Installation Name: Fort George G. Meade.
- Customer Name: Unit or Agency submitting the request. This is not an individual person. (e.g. Child Development Center I/ CDC I).
- POC Name: Enter Last Name, First, or either the Primary or Alternate Appointed POC.
- POC Number: Enter your work telephone number to include area code.
- Work Description: Describe the requested work in sufficient detail, identifying why the work is being requested, what alternatives were considered, justification and implications if work is not accomplished. This description should specify building, floor, wing and or room number. Work orders must cite a justification code (e.g., Health/Safety, Quality of Life, Force Protection/Security, or Environmental).

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- Authorized Requestor: Enter Last Name, First and Title of either the Primary or Alternate Appointed Authorized Requestor.

- Authorized Requestor Signature: Signature.

6. Additional Instructions: Within 1 week after receipt of the DA Form 4283, DPW will screen and validate the work request through our Validation Board. All Work Request Point of Contacts will be contacted informing them on their validation conference time. Once approved by the board, the labor, material, and equipment requirements are calculated to develop a working cost estimate. If the request is not for sustaining, restoration and maintenance a standard authorized work as prescribed in AR 420-1, a request for reimbursement is forwarded to the requesting tenant for payment prior to start of work. This includes the cost incurred of design and planning as part of the process. After one year if the requesting tenant fails to provide funds, the work request is automatically cancelled and if the work is still required, resubmitted the next fiscal year. Upon receipt of required funding, work will be scheduled based on priorities as established in AR 420-1. Tenants will be furnished a customer copy of the DA Form 4283 for their records.

7. DA Form 4283 will be completed and submitted electronically to the DPW, Business Operations and Integration Division (BOID). Tenants POC's and Authorized Requestors will be provided approval for submitting Work Orders and will receive training at the beginning of the Fiscal Year. Additional correspondence may be sent to DPW Work Order Analyst, 2212 Chisholm Avenue, Fort Meade, MD 20755-5115, [usarmy.meade.imcom.mbx.dpw-boid@mail.mil](mailto:usarmy.meade.imcom.mbx.dpw-boid@mail.mil).

Encl  
DA Form 4283, SEP 2003

  
EDWARD C. ROTHSTEIN  
Colonel, Military Intelligence  
Commanding

DISTRIBUTION:

A  
B

# FACILITIES ENGINEERING WORK REQUEST

For use of this form, see DA Pam 420-6; the proponent agency is OACSIM.

PART A (See requestor instructions)		DOCUMENT SERIAL NUMBER		TY		TYPE		SHORT JOB DESCRIPTION				DATE					
CUSTOMER ID												DA		MON		YR	
INSTALLATION ABBREVIATION OF FACILITIES		BUILDING/FACILITY NUMBERS															
1	2	3	4	5	6	7	8	9					10				
REMARKS																	
INSTALLATION NAME		CUSTOMER NAME				POC NAME				POC PHONE NUMBER							
WORK DESCRIPTION (Description and justification of work request)																	
AUTHORIZED REQUESTOR (Type or print)																	
AUTHORIZED REQUESTOR SIGNATURE																	
APPROVAL ACTION CODE:				SPECIAL INTEREST CODE:				ESTIMATED WORK START DATE:				DATE					
WORK REQUEST PRIORITY:				ESTIMATED WORK COMPLETION DATE:				APPROVAL AMOUNTS				SOURCE OF FUNDS					
PROGRAM INDICATOR CODE:				WORKCLASS				FUNDING				DIRECT					
ENVIRONMENTAL IMPACT				IN-HOUSE				SELF-HELP				AUTOMATIC REIMBURSEMENT					
YES <input type="checkbox"/>		NO <input type="checkbox"/>		CONTRACT				TROOP				FUNDED REIMBURSEMENT					
ENVIRONMENTAL CONSIDERATION				TOTAL				\$				ACCOUNT PROCESSING CODE					
EIS / EIA INITIATED				\$				\$				\$					
EIS / EIA COMPLETED				\$				\$				\$					
DESIGN APPROVAL (Please type or print name)				APPROVAL AUTHORITY (Please type or print name)				APPROVAL ACTION				DATE					
DESIGN APPROVAL SIGNATURE				APPROVAL AUTHORITY SIGNATURE				APPROVED <input type="checkbox"/>				DA		MON		YR	
DESIGN APPROVAL SIGNATURE				APPROVAL AUTHORITY SIGNATURE				DISAPPROVED <input type="checkbox"/>				DA		MON		YR	

## COMPLETION INSTRUCTION FOR DA Form 4283 - FACILITIES ENGINEERING WORK REQUEST

(Part "A" completed by requestor per instructions below)  
(Part "B" completed by the DPW in accordance with local procedures)

### PART "A"

**CUSTOMER ID:** One to three alpha numeric characters per local DPW policy.  
A code used to identify the user, occupant, owner of a facility, or the organizational activity submitting a work request.

**DOCUMENT SERIAL NO:** Must be five alpha numeric characters. Based on local procedures, this number may be generated and entered by the requestor or computer generated and assigned by DPW. It is a number which indicates a place in a series and when used in conjunction with installation number, customer identification, document type, and fiscal year, it uniquely identifies one document of a particular type.

**FISCAL YEAR:** The last digit of the fiscal year; i.e., '3' for Fiscal Year 2003.

**TYPE:** Leave blank; DPW Work Reception will complete

**SHORT JOB DESCRIPTION:** Up to 30 alpha numeric characters that provide a description with a concise summary statement of the work to be performed.

**DATE:** The date Work Request was completed (Format - 15 JUL 03).

**INSTALLATION ABBREVIATION:** Up to eight alpha numeric characters for the locally assigned abbreviation of the installation's officially designated name; e.g., Fort Benjamin Harrison abbreviated as Fort Ben.

**FACILITY NUMBER:** A code of five alpha numeric characters which represent the unique serial number assigned to a real property facility within an installation for identification through its life cycle, e.g. P0001.

**REMARKS:** At a minimum, include email address of the Primary POC and an Alternate POC for requested work.

**INSTALLATION NAME:** The official name of an Army real estate holding and the principal function as defined in the real property inventory, e.g., Fort Lee.

**CUSTOMER NAME:** The name or description of the user, occupant, owner of a facility, or the organizational activity authorized to submit a request for work consisting of up to 15 alpha numeric characters.

**POC NAME:** Name of the person responsible for specific work information about requested work consisting of up to 15 alpha numeric characters (Format - Last Name, First Name)

**POC PHONE NUMBER:** Phone number for POC of this particular work request consisting of up to 12 alpha numeric characters.

**WORK DESCRIPTION:** Description of work to include impact and justification.

**AUTHORIZED REQUESTOR:** The name of the individual who is authorized to request work.

**SIGNATURE:** Signature of Authorized Requestor.