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LUCY INSURANCE (S.C.)

Date: 04/08/2025

Maintenance Request Form

Division: _____ Department: _____ Branch: Head Office

Ser No.	Description of Item	Tag No.	Type of Problem	Date Problem Detected	Action Required
1	Printer Networking Issue		Our printer has stopped printing.	04/08/2025	

Requested by

Approved by

Name: _____

Name: _____

Signature: _____

Signature: _____

Action Taken by HR & Logistics Division

☐ Request Approved ☐ Rejected

Description of Corrective Action taken:

Owner of Action Process