

ITD Location Code : \_\_\_\_\_ Date : \_\_\_\_\_

<b>PART A &amp; B : To be completed by Requestor</b>					
<b>PART A :</b>					
Requestor Name		Login ID		Staff ID	
Title				Tel. No.	
Division / Dept				Fax. No.	
<b>CONTACT PERSON (Administrative Coordinator)</b>					
<b>1.</b>					
Contact Name				Tel. No.	
Division / Dept					
<b>2.</b>					
Contact Name				Tel. No.	
Division / Dept					
Registered under Administration Dept.		<input type="checkbox"/> Yes / <input type="checkbox"/> No (If no, please fill in the responsible person below)			
<b>RESPONSIBLE PERSON</b>					
Name				Tel. No.	
Title					
Division / Dept					

<b>PART B : OFFICE DETAILS</b>			
Office location (please provide the building, room no., floor plan & seating plan if available)			
Office location abbreviation		Department	
Commencement date		Tentative End Date (If any)	
Operation Hours	<input type="checkbox"/> 5 days per week, 9 a.m. to 5 p.m. <input type="checkbox"/> 7 days per week, 24 hours		
Usage	<input type="checkbox"/> Control centre <input type="checkbox"/> Construction site office <input type="checkbox"/> Others (Please specify): _____		
No. of staff			
No. of workstation			

<b>PART C : Endorsement / Approval</b>		
<b>JUSTIFICATION:</b>		
Requestor's Signature :  _____	Department Head's Signature :  _____	IT Operations Senior Manager's Signature:  _____
Print Name: Date:	Print Name: Date:	Print Name: Date:

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<b>PART D : OFFICE READINESS INSPECTION CHECKLIST (For IT Use Only)</b>	
Date of inspection	
OA Network access	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> to be available, Date :
Number of ports	
WiFi access	<input type="checkbox"/> Yes ( <input type="checkbox"/> Internet <input type="checkbox"/> Intranet ) / <input type="checkbox"/> No
SSID information	
Electricity supply	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> to be available, Date :
Telephone line	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> to be available, Date :
Furniture assembled	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> to be available, Date :
Remark	

<b>Notes</b>