|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IT SERVICE REQUEST FORM** | | | | | | | | | |
| 1. **IT SERVICES PROVISIONED / REQUESTED** | | | | | | | | | |
| Computer name |  | | | Software installed | | | | | |
| Mac address |  | | | * MS Office | | | | |  |
| IP Address |  | | | * Antivirus | | | | |  |
|  |  | | | * Acrobat | | | | |  |
| If other software (please specify) |  | | | | | | | | |
| Internet | *Motivation signed by supervisor for officials below level 13 is attached* | | | | | | | Yes | No |
| Email Address |  | | | | | | | | |
| 1. **USER INFORMATION** | | | | | | | | | |
| Status | New | Password reset | Review/Update | | | | Delete | | |
| Title |  | | | | | | | | |
| First name |  | | | | | | | | |
| Last name |  | | | | | | | | |
| Rank |  | | | | | | | | |
| Chief directorate |  | | | | | | | | |
| Directorate |  | | | | | | | | |
| Sub-directorate |  | | | | | | | | |
| Other *( please specify)* |  | | | | | | | | |
| Building/District |  | | | | Office no. |  | | | |
| Email address |  | | | | Tel. no. |  | | | |
| Signature |  | | | | Date |  | | | |
| 1. **FOR OFFICE USE** | | | | | | | | | |
| Network controller |  | | | | | | | | |
| Signature |  | | | | Date |  | | | |
|  | | | | | | | | | |
| Verified by |  | | | | | | | | |
| Signature |  | | | | Date |  | | | |