

**IT SERVICE REQUEST FORM**  
CONFIDENTIAL

Request No. : **SR-RMS-2023-117**

<b>PART A – INITIATION OF REQUEST</b> <i>(to be completed by Requester)</i>	
<p>1. Description and Reason for request</p> <p>Case ID - MFA_CS2302001</p> <p>- My Visitors , there is an error when selecting user manually refresh the page after a successful meeting record duplicate.</p>	
<p>2. Preferred Completion Date (if any)</p>	
<p>3. Requested By: <b>Joel Otic, Software Engineer, IMS</b></p> <p>(Name, Designation, Organisation, Signature, Date)</p>	<p>4. Approved By: <b>Lee Sun Pin, Project Director, IMS</b></p> <p style="text-align: center;"><i>Lee Sun Pin</i></p> <p>(Name, Designation, Organisation, Signature, Date)</p>

<b>PART B - ANALYSIS &amp; AUTHORISATION OF CHANGE</b>	
<b>To be completed by Vendor &amp; IMD/CSB</b>	
<p>5. Change Required or Impact (attach documents if applicable)</p> <p>- RMS.Web.dll</p> <p>No server downtime required.</p> <p>Deployment patch will be done in 2 app servers and one at the time. Atleast 1 active server will run to handle the traffic request.</p> <p>Estimated deployment time: 5 minutes each server ( app back-up and IIS restart )</p>	<p>6. Evaluated By: (Name, Designation, Signature, Date)</p> <p><b>Marlon Bohol, TL, IMSPL</b></p> <p>7. Estimated Effort (in man-days): N.A</p> <p>8. Reviewed By: (Name, Designation, Signature, Date)</p> <p>9. Endorsed By: (Name, Designation, Signature, Date)</p>
<b>To be completed by User Owner or Approving Authority</b>	
<p>10. Authorised By : (Name, Designation, Signature, Date)</p>	

<b>PART C - COMPLETION OF SERVICE REQUEST</b>	
<b>To be completed by IMD/CSB</b>	
<p>11. Actual Effort (in man-days): Cost (\$\$):</p> <p>Actual Implementation Date:</p>	<p>12. Closed By: (Name, Signature, Date; includes completion of all documentation)</p> <p>Remarks (if any)</p>
<b>To be completed by Requestor</b>	
<p>13. Accepted By (Requestor): (Name, Date)</p> <p>Remarks (if any)</p>	

See back page for description of items on the form. For each part, do not leave any item unfilled. Specify 'NA' or 'Nil' if not applicable.

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### Description of items on the form.

	Items	Description
1	Description and Reason for request	Description of request. Specify whether special security clearance is required for staff handling this request. Reason for request Specify why this request is necessary
2	Preferred Completion Date	Preferred completion date, if any.
5	Change Required or Impact (attach documents if applicable)	Details of evaluation on the request (e.g. Impact Assessment report) This information shall be furnished by the Vendor.
6	Evaluated By : Name, Signature, Date	Name and Signature of the Vendor PM who undertakes the evaluation of the request. Date the evaluation is completed.
7	Estimated Effort (in man-days), Estimated Cost, Proposed Implementation Date	Estimated effort, cost and the proposed implementation date needed to service the request. Determined after evaluation and upon agreement with the Requester. Note: Indicate "NA" for bug or cosmetic fix. This information shall be furnished by the Vendor PM.
8	Reviewed By: Name, Designation, Signature, Date	Name, Designation and Signature of the IMD/CSB MCIO staff who reviewed the evaluation (especially in terms of the number of mandays). Date the review is done
9	Endorsed By: Name, Designation, Signature, Date	Name, Designation and Signature of the IMD/CSB ASM or ISM who endorsed the evaluation (especially in terms of the number of mandays). Date the endorsement is done
10	Authorised By : Name, Designation, Signature, Date	Name, Designation and Signature of User Owner / Approving Authority or his delegate who authorises the change to be carried out after considering the estimated effort, cost and impact, etc
11	Actual Effort (in man-days), Cost, Actual Implementation Date	Actual implementation date and actual effort expended to service the request.
12	Closed By: Name, Signature, Date  Remarks (if any)	Officer-in-charge from IMD/CSB to close the request. For example : <ul style="list-style-type: none"><li>• upon implementation AND completion of all required documentation or</li><li>• when the change is kived or cancelled</li></ul>
13	Accepted By: Name, Date  Remarks (if any)	Requester (or his Approving Officer) to acknowledge that the request is closed. For example : <ul style="list-style-type: none"><li>• upon implementation or</li><li>• upon user acceptance of change but before implementation or</li><li>• when the change is kived or cancelled.</li></ul> Alternatively, the requester could close the request via other means such as email, in which case the hardcopy should be attached.

Note: Not all items in the form are explained here as they are self-explanatory.