

IT ASSET REQUEST FORM

NOTE: Please fill out carefully and legibly. Incorrect and incomplete request will not be processed.

					IT ASSET REQUEST FORM #:	
Requester: Location:					FOR IT ASSET ADMIN ONLY	
Employee Level: Company:	Date Needed: Contact #:			Date:	Refer to Ticket for the Info and Update Time:	
Department:					ted Cost:	
Employment Status					Asset#:	
☐ Regular ☐ Contractual ☐ Budgeted						
☐ Probationary/ New Hire ☐ Consultant ☐ Unbudgeted				Ву: _	IT ASSET ADMIN ASST. TICKET #	
ITEM REQUESTED: JUSTIFICATION (REQUIRED)						
Desktop Standard Specs Laptop Standard Specs						
	-, ·					
		·				
Server		· · · · · · · · · · · · · · · · · · ·				
Printer MED (places write installation address)						
☐ MFD (please write installation address) ☐ Dot Matrix						
□ Deskjet/Laserjet						
☐ SERVICE UNIT (Temporary Use) : Required Return Date						
☐ Others						
Purpose: Please choose all that applies. Attach Equipment Problem Report and provide details of the replacement (Required):						
☐ No existing unit/new employee						
☐ Replacement of the existing unit						
	Item(s) to be replaced	Brand a	nd Model	Age	Serial/Control/Asset Number	
Existing Memory Capacity:						
Justification:						
Justinication:						
User Responsibility Agreement I am responsible for the proper usage of this asset assigned to me. Manager Responsibility Agreement I agree to take responsibility for my subordinate and see to it that the asset						
I understand that my request will be suspended immediately if I assigned shall only be used for proper undertakings. Upon termination or						
violate security procedures. I agree that misuse of this asset may transfer of the user, I will advise the IT Department in advance, through email						
result in disciplinary action and/or criminal prosecution. I understand or in writing, as to the disposition of the IARF. I recognize that the IT that any detected misuse of asset will be reported to the IT Department reserves the right to audit the user's assigned asset at any point in						
Department. time.						
	REQUESTER			_	REQUESTER'S MANAGER	
(SIGNATURE OVER PRINTED NAME)				(SIGNATURE OVER PRINTED NAME)		
APPROVAL						
ATTACH TECHNICAL ASSESSMENT FORM FOR EVALUATION AND RECOMMENDATION						
_	D	ATE SIGNED)		DATE SIGNED	
	vision Head	JOJO HERNANDEZ				
Di			IT Service D	elivery Head		
OCHIE OROPESA						
(Required for new hires only)						
HR Head				LOUIE G. QUIOGUE Information Technology Head		
FROI Q. TEJADA				Jiiiidiloii 16		
	nance Head					

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