

# User Request Form

NUMBER \_\_\_\_\_

SUBJECT \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ REQUEST DATE \_\_\_\_\_

UNIT \_\_\_\_\_

LOCATION \_\_\_\_\_

CONTACT Telp : \_\_\_\_\_ e-mail: \_\_\_\_\_

TYPE OF REQUEST/COMPLAINT	URGENCY
<input type="checkbox"/> New Application	<input type="checkbox"/> Immediate-Operation are impaired or opportunity lost
<input type="checkbox"/> Process Improvement	<input type="checkbox"/> Problem exist, but can be worked around
<input type="checkbox"/> Authorization Adjustment	<input type="checkbox"/> Business losses can be tolerated until new process was developed and executed
<input type="checkbox"/> Others _____	

PROBLEM STATEMENT

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SERVICE REQUEST

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEVELOPER \_\_\_\_\_

ESTIMATED DAYS \_\_\_\_\_

IDENTIFY ☐ Request approved

☐ Recommend revision

☐ Suggest user development

☐ Reject for reason

\_\_\_\_\_

\_\_\_\_\_

Unit Requested (GM)	GM IT Department	Note :
Name :	Name :	
Date :	Date :	