

IT REQUEST FORM

NAME:	EMPLOYEE/STUDENT NO.:	REQUEST ID							
DIVISION/OFFICE:	DATE:	TIME:							

SECTION 1: TYPE OF REQUEST

Identify the type of request by checking the appropriate box and explain the details of the request. For Set-up, indicate date and time, place and equipment needed.

☐ SERVICE/REPAIR ☐ HARDWARE ☐ SOFTWARE ☐ ACCOUNT/ACCESS ☐ DATA/REPORT ☐ SET-UP

DETAILS OF REQUEST:

REASON FOR REQUEST:

SECTION 2: REQUIRED SIGNATURES

For classroom use: Requests shall require the signature of the faculty. For non-classroom use: Student, faculty and non-teaching personnel requests shall require the signature of the head of division or office.

REQUESTED BY: *(Printed Name and Signature)*

APPROVED BY: *(Printed Name and Signature)*

SECTION 3: SERVICE ACKNOWLEDGEMENT

DATE & TIME STARTED:

DATE & TIME ENDED:

☐ COMPLETED ☐ FURTHER ACTION

SERVICE ACCOMPLISHED BY: *(Printed Name and Signature)*

SERVICE ACKNOWLEDGED BY: *(Printed Name and Signature)*

FOR ITO USE ONLY

REPORT / STATUS:

RECOMMENDATION / REQUIREMENT:

(If Request Requires Hardware Pull-out):

☐

FOR REPAIR

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FOR DISPOSAL

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FOR TRANSFER