FORM ICT1A REQUEST FOR ICT SERVICES

Instruction/s: Please fill-in the following fields completely. Please be reminded that the ICT Department shall only entertain service requests from active and bonafide employees of this University. Likewise, only equipment and facilities requested for servicing as well as programs/activities needing ICT support, owned and/or endorsed by PSU shall be entertained by the ICT Office. Please accomplish 3 copies of this form (1 for the ICT Helpdesk Officer, 1 for the Servicing Staff, and 1 for the Client).

1. REQUESTER INFORMATION

Requesting Office/Personnel: 
College/Unit: _________________________
Date: _______________ _________________       Time Received : _______________________
Receiving ICT Helpdesk Personnel: _____________________________       Signature: ___________________________
Item/s Received: _________________________________________  Item Serial Number: _________________________
Auxiliary Items: ____________________________________________  Contact No.: _____________________________
Due on : _________________________________  Standing Queue (specify number): ___________________________

2. ICT SERVICE/s REQUESTED

(Please check applicable)

Description of the Problem (Optional):
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Recommended Solution: Hardware Services  Software Services  Consulting Services  Particulars (pls. Specify)

Hardware Fix  Internet and Email  Hardware Specification
Hardware Assembly  Virus Removal  Software Specification
Scanning  Software Installation  Troubleshooting
Printing  Enrollment Concerns  Training Request
Network Installation  Reformattting  Search for Data/Info
Photocopying  Forms/Downloads  Technical Advising
Printing  Classroom Support
Photocopying  Software Development

Other Services (Please specify): _______________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Assigned ICT Personnel:     Expected Finish Date/Time: _______________ _________________       Endorsement: ___________________________
ICT Director or Authorized Representative

3. Service Report (To filled-out by the ICT Servicing Staff)

Date of the Accomplishment of Service: _______________ _________________       Time: __________________________
Findings: [ ] Accomplished.  [ ] Others ______________________________                ______________________
Signature of Servicing Staff

4. Smile Service Assessment (To filled-out by the Client)

Date Received: _______________ _________________       Time: _____________________
Please objectively rate our service performance on this specific service received. Thank you.
(please [ ] tick appropriate box)
[ ] Very Satisfied  [ ] Satisfied  [ ] Neutral  [ ] Needs Improvement
Remarks: _______________________________________
Signature over Printed Name of Client

5. Equipment Release

This is to confirm RECEIPT of the complete set of equipment indicated herein requested for fix.

Name and Signature _______________ Date Received _______________ Remarks

Thank you very much. Please come again! 😊