

INFORMATION AND COMMUNICATIONS TECHNOLOGY OFFICE
"serving your ICT information and computerization needs"

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: [Click here to enter text.](#) 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) |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Hardware Fix | <input type="checkbox"/> Internet and Email | <input type="checkbox"/> Hardware Specification | |
| <input type="checkbox"/> Hardware Assembly | <input type="checkbox"/> Virus Removal | <input type="checkbox"/> Software Specification | |
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Software Installation | <input type="checkbox"/> Troubleshooting | |
| <input type="checkbox"/> Printing | <input type="checkbox"/> Enrolment Concerns | <input type="checkbox"/> Training Request | |
| <input type="checkbox"/> Network Installation | <input type="checkbox"/> Reformatting | <input type="checkbox"/> Search for Data/Info | |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Forms/Downloads | <input type="checkbox"/> Technical Advising | |
| | <input type="checkbox"/> Classroom Support | | |
| | <input type="checkbox"/> 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! ☺