

JOB REQUEST FORM
 Management Information Services Office

Tel No.: 846-7470
 844-0098
 loc 134



TO BE FILLED-UP BY REQUESTING PARTY: (Please write legibly)

Date and Time Requested:

Nature of Request (Please provide a brief description of the problem):

| | |
|---|---|
| <p>Requested by:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Signature over Printed Name</p> <p>Office: _____</p> | <p>GUIDELINES:</p> <ul style="list-style-type: none"> NO JOB REQUEST FORM, NO JOB SERVICE. (No phoned-in requests will be entertained.) MISO reserves the right to schedule the service on a first-come, first-served basis. Immediate response to urgent request is subject to availability of staff. Only laptops, printers, computers, and peripherals owned by the University shall be entertained. This form applies to all services offered by the MIS office. |
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TO BE FILLED-UP BY Division Chief/Section HEAD:

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|-------------------------|--------------------------|
| Date and Time Received: | Date and Time Scheduled: |
| | Request Number: |

| | |
|--|-----------------|
| <p>Job Classification:</p> <input type="checkbox"/> Software <input type="checkbox"/> Hardware <input type="checkbox"/> Network/Internet <input type="checkbox"/> Data/Library Services <input type="checkbox"/> Others | Staff Assigned: |
|--|-----------------|

TO BE FILLED-UP BY DESIGNATED MIS STAFF:

| | |
|--------------------------------|--|
| Date and Time Finished/Served: | Length of time devoted to this request: |
| | _____ dd _____ hh _____ mm (Note: 1 day = 8 hours) |

Operations Done (Actions Taken, for technical services only):

Recommendations (for technical services only):

| | |
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| <p>Client's Acknowledgment:</p> <p style="padding-left: 20px;">I hereby certify that the service has been made to my entire satisfaction.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Signature over Printed Name / Date</p> <p>Office: _____</p> | |
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