



OFFICE OF THE COLLEGE DATABASE CENTER

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IT Service Request Form

ZSCMST-CDC-2.8-1
 Adopted Date: 8-2022
 Revision No.: 0 Revision Date: 00/00/00

ITSRF No. _____

DATE: _____

Department: _____	Phone No.: _____
Name: _____	Employee ID no. _____
E-mail Address: _____	
Campus: _____	

TYPE OF SERVICE REQUESTED: Check all that apply

CATEGORY
<input type="checkbox"/> Software Development
<input type="checkbox"/> Hardware Installation and Maintenance Services
<input type="checkbox"/> Software Installation and Maintenance Services
<input type="checkbox"/> Networking Services
<input type="checkbox"/> Audio / Visual Operation
<input type="checkbox"/> CCTV Services

**Another form is used to fill out general service requests.*

SOFTWARE / HARDWARE SERVICES	CCTV SERVICES
<input type="checkbox"/> Repair	<input type="checkbox"/> Install a Camera
<input type="checkbox"/> Install a New Computer	<input type="checkbox"/> Upgrade a Camera
<input type="checkbox"/> Install Computer	<input type="checkbox"/> Repair a Camera
<input type="checkbox"/> Replacement of Components / Parts	<input type="checkbox"/> Relocate a Camera
<input type="checkbox"/> Fabrication	<input type="checkbox"/> Remove a Camera
<input type="checkbox"/> System Access	<input type="checkbox"/> Install New DVR
<input type="checkbox"/> Structured Cabling	<input type="checkbox"/> Replace a DVR

Please provide a brief description of the service requested (or provide attachment)

	Equipment Type: Check all that apply <input type="checkbox"/> Desktop PC <input type="checkbox"/> Switch <input type="checkbox"/> Laptop <input type="checkbox"/> PSU <input type="checkbox"/> Printer <input type="checkbox"/> AVR <input type="checkbox"/> Monitor <input type="checkbox"/> UPS <input type="checkbox"/> Peripherals <input type="checkbox"/> Scanner <input type="checkbox"/> Modem <input type="checkbox"/> Headsets <input type="checkbox"/> Router <input type="checkbox"/> CCTV <input type="checkbox"/> UTP Cable <input type="checkbox"/> Others:
Conformed _____ Printed Name and Signature/Date	Approved by _____ Printed Name and Signature/Date

FOR CDC ONLY

Serviced by: Name: _____ Date: _____ Name: _____ Name: _____	Remarks:
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