TECHNOFIT

I.T SUPPORT SERVICE REQUEST FORM

CORRESPONDENCE DETAILS

STAFF NAME:		**DESIGNATION:**	
LOCATION:		**DEPARTMENT:**	
DATE:		**TIME:**	**AM / PM**

TYPE OF SERVICES

Please tick (√) in the selection box

SOFTWARE ☐ **FTP** ☐ **OTHERS** ☐ (Please Specify): _____

HARDWARE ☐ **HRMS** ☐

TYPE OF REQUESTS

PURCHASE ☐ **REPAIR** ☐ **REMOVE** ☐ **PROBLEM** ☐ **ACCESS** ☐

OTHERS ☐ (Please Specify): _____

SERVICE /REQUEST DESCRIPTION

REQUESTED USER	**APPROVED BY HOR/HOD**	**VERIFIED BY HEAD OF HRA**
Name:	**Name:**	**Name:**
Department: 0	**Department:**	**Department:**
Date: 0	**Date:**	**Date:**

FOR IT UNIT USE ONLY

Job Commencement Date: _____

IT Comments / Action Taken:

RESULT: **SOLVED** ☐ **NEED FOLLOW UP** ☐

Severity: **A / B / C**

Note:
A = High
B = Medium
C = Low

Actual Completion Date: _____

Handover Date: _____

Please complete this form and email/send to HRA to the address below:-

No. 2 & 3, Jalan PPS 1
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68100 Batu Caves,Selangor, MALAYSIA.
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Fax: 00 60 (3) 6178 7883
Email: it@technofit.com.my