



Republic of the Philippines  
**Department of Education**  
 REGIONAL OFFICE IX, ZAMBOANGA PENINSULA

**ICT TECHNICAL ASSISTANCE REQUEST FORM**

Name of Requisitioner: \_\_\_\_\_

Unit/ Department: \_\_\_\_\_

Date of request: \_\_\_\_\_ Time: \_\_\_\_\_

Problem encountered / Job requested:

**Installation:**

Hardware: \_\_\_\_\_

Software: \_\_\_\_\_

**Virus Removal:**

**Technical Assistance:** \_\_\_\_\_

**Technical Support:** \_\_\_\_\_

**Troubleshooting:**

Computer: \_\_\_\_\_

Printer: \_\_\_\_\_

Network: \_\_\_\_\_

**Other Concern:** \_\_\_\_\_

**ICTU Report**

Findings: \_\_\_\_\_  
 \_\_\_\_\_

Recommendation/s: \_\_\_\_\_  
 \_\_\_\_\_

Date Started:	Date Finished:	Action/s Taken:
Time Started:	Time Finished:	

Carried out by: \_\_\_\_\_  
 ICTU Staff

Assessment on service rendered:

Very Poor     Poor     Satisfactory     Very Satisfactory     Excellent

Assessed by: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Requisitioner \_\_\_\_\_



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