Hardware/Software Maintenance Request Form

This form must accompany your device when you bring it to the center for any type of service. Please adhere to the COVIC-19 protocol by sterilizing your device in front of the receiving person.

_____

Employee Name

_____

Date

_____

Program and Center Location

_____

PCDC Inventory Tag

_____

Device Name & Model Number

_____

Serial Number (if applicable)

_____

Staff witnessing COVIC-19 sterilization procedure (Signature)

_____

Signature of Employee

Briefly describe the issue(s) you are having in the space below:

IT Department:

Software: Upgraded _____   Installed _____   Removed_____

Hardware: Installed _____   Removed _____

Briefly describe the maintenance performed on this device along with any further instruction(s):

_____

Technician Signature

_____

Completion Date

Device returned to employee:

_____

Signature

_____

Date

*Please scan this form