

	DENR-PENRO Marinduque	Page No.	Page 1
	<i>PENRO Information and Communication Technology Unit (PICTu)</i>	Revision No.	1
	SERVICE REQUEST FORM (SRF)	Effectivity	04/01/2021

Reminder: Please complete this form and submit it at the PICTu service desk located at 2nd flr. DENR PENRO Main Bldg., or email a scanned copy to penromarinduque@denr.gov.ph. Once processed, a Technical Support Representative will contact you to schedule service.

Ticket No: 2021-0901-1

Date (mm/dd/yyyy): 9 / 1 / 21

Requester's Information	
Name: <u>EDEN P. PALACIOS</u>	Title: <u>AD ID</u>
Office: <u>Administrative Section</u>	Building/Room/Flr:
Phone:	Email Address:

Request Information	
Type of request:	
<input type="checkbox"/> Technical Assistance <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input checked="" type="checkbox"/> Databases <input type="checkbox"/> Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification <input type="checkbox"/> Website <input type="checkbox"/> Posting <input type="checkbox"/> E-mail Assistance <input type="checkbox"/> Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>Biometrics registration of Mr. Joe Vert M. Beatriz (FEO) 377, 329</u>

Authorization	
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.	
Full Name: <u>EDEN P. PALACIOS</u>	Position/Title: <u>AD ID</u>
<u>EPalacios</u> Signature	<u>Sept. 1 01, 1 2021</u> Date (mm/dd/yyyy):

Infrastructure Service Authorization	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name: <u>Mark Ryan S. Orada</u>	Position/Title: <u>ISAN</u>
<u>[Signature]</u> Signature	<u>09 / 01 / 2021</u> Date (mm/dd/yyyy):

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/01/2021</u>	<u>09:21 PM</u>	<u>Successfully registered (377, 329)</u>	<u>MMOrada</u>	<u>[Signature]</u>

Feedback Rating: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor

Released by:


Received by:

[Signature]
Signature over printed name

9 / 1 / 21
Date (mm/dd/yyyy)

Signature over printed name

1 / 1
Date (mm/dd/yyyy)

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Ticket No: 2021-0901-2

Date (mm/dd/yyyy): 09 / 01 / 2021

Requester's Information	
Name: <u>EDEN P. PALACIOS</u>	Title: <u>ADD</u>
Office: <u>Administrative Section</u>	Building/Room/Flr:
Phone:	Email Address:

Request Information	
Type of request:	
<input type="checkbox"/> Technical Assistance <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input checked="" type="checkbox"/> Databases <input type="checkbox"/> Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification <input type="checkbox"/> Website <input type="checkbox"/> Posting <input type="checkbox"/> E-mail Assistance <input type="checkbox"/> Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>Bio Metrics Registration of Mr. Christopher^M Dela Cruz (FEU) (376, 328)</u>

Authorization	
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.	
Full Name: <u>EDEN P. PALACIOS</u>	Position/Title: <u>ADD</u>
<u>EPalacios</u> Signature	<u>09.01.2021</u> Date (mm/dd/yyyy):


Infrastructure Service Authorization	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name: <u>Mark Ryan S. Wzrada</u>	Position/Title: <u>ISA</u>
<u>Ma</u> Signature	<u>09 / 01 / 2021</u> Date (mm/dd/yyyy):

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/01/2021</u>	<u>09:22 AM</u>	<u>Successfully registered (376, 328)</u>	<u>MMWzrada</u>	<u>Ma</u>

Feedback Rating: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor

Released by: [Signature]
 Signature over printed name 9 / 1 / 21
 Date (mm/dd/yyyy)

Received by: _____
 Signature over printed name / /
 Date (mm/dd/yyyy)

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Ticket No: 2021-0901-3

Date (mm/dd/yyyy): 9 / 1 / 21

Requester's Information				
Name: <u>BLESIDA CONSTANTINO</u>		Title: <u>ADA V7</u>		
Office: <u>PAND</u>		Building/Room/Flr: <u>PAND</u>		
Phone:		Email Address:		
Request Information				
Type of request:				
<input type="checkbox"/> Technical Assistance <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input type="checkbox"/> Databases <input type="checkbox"/> Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification <input type="checkbox"/> Website <input type="checkbox"/> Posting <input type="checkbox"/> E-mail Assistance <input checked="" type="checkbox"/> Asset/Borrow <input checked="" type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____				
DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)				
<u>Replacement of WIFI adaptor for windows 10.</u>				
Authorization				
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.				
Full Name:		Position/Title:		
<u>[Signature]</u>		<u>Sept 01 / 2021</u>		
Signature		Date (mm/dd/yyyy):		
Infrastructure Service Authorization				
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.				
Full Name:		Position/Title:		
<u>[Signature]</u>		<u>9 / 1 / 21</u>		
Signature		Date (mm/dd/yyyy):		
For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/01/2021</u>	<u>10:17AM</u>	<u>Successfully replaced wifi adaptor</u>	<u>JJ mmm</u>	<u>[Signature]</u>

Feedback Rating: ☒ Excellent ☐ Very Satisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ Poor

Released by:


Received by:

[Signature]
Signature over printed name

9 / 1 / 21
Date (mm/dd/yyyy)

[Signature]
Signature over printed name

9 / 1 / 2021
Date (mm/dd/yyyy)

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Ticket No: 2021-0916-1

Date (mm/dd/yyyy): / /


Requester's Information	
Name:	Position/Designation:
Division/Section/Unit:	Building/Room/Flr:
Phone:	Email Address:

Request Information
Type of request: <div> <input type="checkbox"/> Technical Assistance <div> <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input type="checkbox"/> Databases </div> </div> <div> <input type="checkbox"/> Database System Assistance (In-house) <div> <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification </div> </div> <div> <input checked="" type="checkbox"/> Website Posting <div> <input type="checkbox"/> E-mail Assistance </div> </div> <div> <input type="checkbox"/> Asset/Borrow <div> <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools </div> </div> <div> <input type="checkbox"/> Others (specify): _____ </div>

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
Website posting of the various procurement at the DENR-PENRO Marinduque

Authorization
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.
Supervisor's Full Name: _____ Supervisor's Position/Title: _____
<div> <div>_____</div> <div>Supervisor's Signature</div> </div> <div> <div>_____</div> <div>Date (mm/dd/yyyy):</div> </div>

Infrastructure Service Authorization
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.
Full Name: <u>Mark Ryan S. Lirada</u> Position/Title: <u>ICAT</u>
<div> <div>_____</div> <div>Signature</div> </div> <div> <div><u>09/16/2021</u></div> <div>Date (mm/dd/yyyy):</div> </div>

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
09/16/2021	06:42 PM	Various procurement docs posted at DENR website	MR Lirada	

Feedback Rating: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor

Released by:

Received by:

 Signature over printed name Date (mm/dd/yyyy)

 Signature over printed name Date (mm/dd/yyyy)

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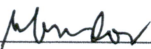
Reminder: Please complete this form and submit it at the PICTu service desk located at 2nd flr. DENR PENRO Main Bldg., or email a scanned copy to penromarinduque@denr.gov.ph. Once processed, a Technical Support Representative will contact you to schedule service.


Ticket No: 2021-0917-1 Date (mm/dd/yyyy): 09 / 17 / 2021


Requester's Information	
Name: <u>Aleth Bundoc</u>	Position/Designation: <u>CDO II</u>
Division/Section/Unit:	Building/Room/Flr:
Phone:	Email Address:

Request Information	
Type of request:	
<div> <div>Technical Assistance</div> <div> <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input checked="" type="checkbox"/> Databases </div> </div> <div> <div>Database System Assistance (In-house)</div> <div> <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification </div> </div> <div> <div>Website</div> <div> <input type="checkbox"/> Posting <div>E-mail Assistance</div> <input type="checkbox"/> Assistance </div> </div> <div> <div>Asset/Borrow</div> <div> <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools </div> </div> <div> <input checked="" type="checkbox"/> Others (specify): <u>Biometric Registration</u> </div>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)	
<u>Biometric Registration of Mr. Jomar Cordova / FEO (Jomar Cordova) # 330 378</u>	

Authorization	
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>Aleth C. Bundoc</u>	Supervisor's Position/Title: <u>CDO II</u>
<u></u> Supervisor's Signature	<u>9 / 17 / 2021</u> Date (mm/dd/yyyy):

Infrastructure Service Authorization	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name: <u>J. Miguero</u>	Position/Title: <u>IT</u>
<u></u> Signature	<u>9 / 17 / 21</u> Date (mm/dd/yyyy):

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/17/2021</u>	<u>10:24 AM</u>	<u>Registered (378, 330)</u>	<u>J Miguero</u>	<u></u>

Feedback Rating: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor

Released by: <u></u>	Received by: <u> </u>
Signature over printed name	Signature over printed name
<u>9 / 17 / 21</u>	<u> </u>
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

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Ticket No: 2021-0921-1 Date (mm/dd/yyyy): 09/1/2021

Requester's Information

Name: ALVIN L. PERGAS Position/Designation: EMS 1
 Division/Section/Unit: PAMD Building/Room/Flr: PENRO Conference Hall
 Phone: _____ Email Address: _____

Request Information

Type of request:

Technical Assistance

☐ Hardware ☐ Software ☐ Local Area Network ☐ Information Systems ☐ Databases

Database System Assistance (In-house)

☐ New User ☐ Change Password ☐ System Modification

Website

☐ Posting ☐ E-mail Assistance

Asset/Borrow

☐ Hardware Components ☐ Peripherals ☐ Tools

☐ Others (specify): Zoom

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)

Provide Zoom link for the conduct of 3rd MWS PAMP on September 23, 2021

Authorization

All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.

Supervisor's Full Name: EMETERIO M. RECTO Supervisor's Position/Title: SENIOR PASO

[Signature]
Supervisor's Signature

09/1/2021
Date (mm/dd/yyyy):

Infrastructure Service Authorization

All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.

Full Name: MMorada Position/Title: ISAN

[Signature]
Signature

09/21/2021
Date (mm/dd/yyyy):

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)

Date	Time	Action Taken	Action Staff	Signature
09/21/2021	02:23 PM	Zoom link, ID & Password provided	MMorada	[Signature]

Feedback Rating: ☒ Excellent ☐ Very Satisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ Poor

Released by:

Received by:

[Signature]
Signature over printed name

9/21/21
Date (mm/dd/yyyy)

[Signature]
Signature over printed name

1/1
Date (mm/dd/yyyy)

	DENR-PENRO Marinduque	Page No.	Page 1
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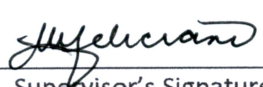
Ticket No: 2021-0923-1


Date (mm/dd/yyyy): / /

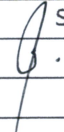
Requester's Information	
Name: <u>Vicna Mae Lozada</u>	Position/Designation: <u>Office Support Staff</u>
Division/Section/Unit: <u>Finance/Budget Unit</u>	Building/Room/Flr: <u>4th Floor</u>
Phone: <u> </u>	Email Address: <u> </u>

Request Information	
Type of request:	
Technical Assistance <input checked="" type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input type="checkbox"/> Databases Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification Website E-mail <input type="checkbox"/> Posting <input type="checkbox"/> Assistance Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): <u> </u>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>Troubleshoot & repair Ebudget System Desktop</u>

Authorization	
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>Anidel M. Feliciano</u>	Supervisor's Position/Title: <u>Budget Officer II</u>
<u></u> Supervisor's Signature	<u>09 / 23 / 2021</u> Date (mm/dd/yyyy):

Infrastructure Service Authorization	
All requests for service must be coordinated with and signed by the Chief of PCTu or his/her authorized representative.	
Full Name: <u>J. M. Lora</u>	Position/Title: <u>IT</u>
<u></u> Signature	<u>09 / 23 / 2021</u> Date (mm/dd/yyyy):

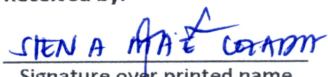
For PCTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/24/2021</u>	<u>10:49 AM</u>	<u>Successfully troubleshoot & repaired PC</u>	<u>J. M. Lora</u>	<u></u>

Feedback Rating: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor

Released by:


 Signature over printed name 09 / 24 / 2021
 Date (mm/dd/yyyy)

Received by:


 Signature over printed name 09 / 23 / 2021
 Date (mm/dd/yyyy)

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Ticket No: 2021-0923-2

Date (mm/dd/yyyy): 09 / 23 / 2021

Requester's Information

Name: ALVIN L. PERGAS Position/Designation: EmS I
 Division/Section/Unit: PAMB Building/Room/Flr: PENRO Conference Hall
 Phone: Email Address:

Request Information

Type of request:

Technical Assistance

☐ Hardware ☐ Software ☐ Local Area Network ☐ Information Systems ☐ Databases

Database System Assistance (In-house)

☐ New User ☐ Change Password ☐ System Modification

Website

☐ Posting E-mail ☐ Assistance

Asset/Borrow

☐ Hardware Components ☐ Peripherals ☐ Tools

☒ Others (specify): Technical Assistance (Activity)

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)

Provide technical assistance on the conduct of 3rd MWS-PAMB on September 23 2021

Authorization

All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.

Supervisor's Full Name: EMETERIO M. RECTO Supervisor's Position/Title: Supv / PASU

[Signature]
Supervisor's Signature

09 / 23 / 2021
Date (mm/dd/yyyy):

Infrastructure Service Authorization

All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.

Full Name: [Signature] Position/Title: [Signature]

[Signature]
Signature

9 / 27 / 21
Date (mm/dd/yyyy):

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)

Date	Time	Action Taken	Action Staff	Signature
<u>09/23/2021</u>	<u>07:30 AM</u>	<u>Technical assistance provided</u>	<u>[Signature]</u>	<u>[Signature]</u>

Feedback Rating: ☒ Excellent ☐ Very Satisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ Poor

Released by:

Received by:

EMETERIO M. RECTO 9 / 27 / 21
Signature over printed name Date (mm/dd/yyyy)

[Signature] 1 / 1
Signature over printed name Date (mm/dd/yyyy)

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Ticket No: 2021-0923-3 Date (mm/dd/yyyy): 9 / 23 / 2021

Requester's Information	
Name: <u>Randy R. Pantoya</u>	Position/Designation: <u>FTI</u>
Division/Section/Unit: <u>TSD / CDS / BCU</u>	Building/Room/Flr: <u>TSD</u>
Phone:	Email Address:

Request Information	
Type of request:	
<input type="checkbox"/> Technical Assistance <input type="checkbox"/> Hardware <input checked="" type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input type="checkbox"/> Databases <input type="checkbox"/> Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification <input type="checkbox"/> Website <input type="checkbox"/> Posting <input type="checkbox"/> E-mail Assistance <input type="checkbox"/> Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>Renewal of ArcGIS Desktop license</u>

Authorization	
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>ALETH C. BUNDOC</u>	Supervisor's Position/Title: <u>Chief CDS / CDD II</u>
<u>Mundor</u> Supervisor's Signature	<u>9 / 23 / 2021</u> Date (mm/dd/yyyy):

Infrastructure Service Authorization	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name: <u>Mark Ryan S. Wazda</u>	Position/Title: <u>ISA II</u>
<u>[Signature]</u> Signature	<u>09 / 23 / 2021</u> Date (mm/dd/yyyy):

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/23/2021</u>	<u>09:38 AM</u>	<u>ArcGIS Desktop license renewed</u>	<u>MPWazda</u>	<u>[Signature]</u>


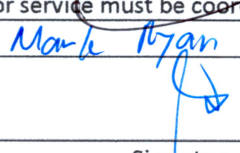
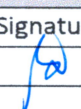
Feedback Rating: <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor

Released by: <u>[Signature]</u> Signature over printed name	Date (mm/dd/yyyy): <u>9 / 24 / 21</u>	Received by: _____ Signature over printed name	Date (mm/dd/yyyy): <u> / / </u>
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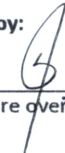
	DENR-PENRO Marinduque	Page No.	Page 1
	PENRO Information and Communication Technology Unit (PICTu)	Revision No.	1
	SERVICE REQUEST FORM (SRF)	Effectivity	04/01/2021

Reminder: Please complete this form and submit it at the PICTu service desk located at 2nd flr. DENR PENRO Main Bldg., or email a scanned copy to penromarinduque@denr.gov.ph. Once processed, a Technical Support Representative will contact you to schedule service.

Ticket No: 2021-0924-1 Date (mm/dd/yyyy): 09 / 24 / 2021

Requester's Information				
Name: <u>ARLENE A. JAMILA</u>		Position/Designation: <u>Adm. Assistant II</u>		
Division/Section/Unit: <u>FINANCE</u>		Building/Room/Flr: <u>1st</u>		
Phone:		Email Address:		
Request Information				
Type of request:				
<input type="checkbox"/> Technical Assistance <input type="checkbox"/> Hardware <input checked="" type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input type="checkbox"/> Databases <input type="checkbox"/> Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification <input type="checkbox"/> Website <input type="checkbox"/> Posting <input type="checkbox"/> E-mail Assistance <input type="checkbox"/> Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____				
DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)				
<u>Installation of Microsoft Office (AA II Arlene Jamilla Desktop)</u>				
Authorization				
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.				
Supervisor's Full Name: <u>MARK N. S. WRADE</u>		Supervisor's Position/Title: _____		
 Supervisor's Signature		<u>09 / 24 / 2021</u> Date (mm/dd/yyyy):		
Infrastructure Service Authorization				
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.				
Full Name: <u>Mark N. S. Wrade</u>		Position/Title: _____		
 Signature		<u>09 / 24 / 2021</u> Date (mm/dd/yyyy):		
For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/24/2021</u>	<u>10:42AM</u>	<u>Installation successful</u>	<u>MD Wrade</u>	

Feedback Rating: ☒ Excellent ☐ Very Satisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ Poor

Released by: 	Received by: _____
Signature over printed name	Signature over printed name
<u>9 / 24 / 21</u>	<u> / / </u>
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

	DENR-PENRO Marinduque	Page No.	Page 1
	<i>PENRO Information and Communication Technology Unit (PICTu)</i>	Revision No.	1
	SERVICE REQUEST FORM (SRF)	Effectivity	04/01/2021

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Ticket No: 2021-0927-1 **Date (mm/dd/yyyy):** 09 / 27 / 2021

Requester's Information				
Name: <u>Janine Mae M. Semilla</u>		Position/Designation: <u>Data Encoder</u>		
Division/Section/Unit: <u>Admin</u>		Building/Room/Flr:		
Phone:		Email Address:		
Request Information				
Type of request:				
<input type="checkbox"/> Technical Assistance <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input type="checkbox"/> Databases <input type="checkbox"/> Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification <input type="checkbox"/> Website <input type="checkbox"/> Posting <input type="checkbox"/> E-mail Assistance <input type="checkbox"/> Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input checked="" type="checkbox"/> Others (specify): <u>Zoom</u>				
DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)				
<u>Provide Zoom details for the conduct of DENRO Marinduque HAMPSB on September 28-29, 2021</u>				
Authorization				
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.				
Supervisor's Full Name: <u>Eden Palacios</u>		Supervisor's Position/Title: <u>Administrative Officer IV</u>		
<u>EPalacios</u> Supervisor's Signature		<u>09 / 27 / 2021</u> Date (mm/dd/yyyy):		
Infrastructure Service Authorization				
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.				
Full Name: <u>Mark Ryan S. Lorada</u>		Position/Title: <u>ISAN</u>		
<u>[Signature]</u> Signature		<u>09 / 27 / 2021</u> Date (mm/dd/yyyy):		
For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/27/2021</u>	<u>10:58 AM</u>	<u>Zoom details provided</u>	<u>MLorada</u>	<u>[Signature]</u>

Feedback Rating: ☒ Excellent ☐ Very Satisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ Poor

Released by: [Signature] 9 / 27 / 21
Signature over printed name Date (mm/dd/yyyy)

Received by: _____
Signature over printed name Date (mm/dd/yyyy)

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	<i>PENRO Information and Communication Technology Unit (PICTu)</i>	Revision No.	1
	SERVICE REQUEST FORM (SRF)	Effectivity	04/01/2021

Reminder: Please complete this form and submit it at the PICTu service desk located at 2nd flr. DENR PENRO Main Bldg., or email a scanned copy to penromarinduque@denr.gov.ph. Once processed, a Technical Support Representative will contact you to schedule service.

Ticket No: 2021-0927-2 Date (mm/dd/yyyy): / /

Requester's Information	
Name: <u>Sunloy, Michael Vincent Jr.</u>	Position/Designation: <u>Forest Technician II</u>
Division/Section/Unit: <u>TSP - MES - Compliance / Monitoring</u>	Building/Room/Flr: <u>738</u>
Phone: _____	Email Address: _____

Request Information	
Type of request:	
Technical Assistance <input checked="" type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input type="checkbox"/> Information Systems <input type="checkbox"/> Databases	
Database System Assistance (In-house) <input type="checkbox"/> New User <input type="checkbox"/> Change Password <input type="checkbox"/> System Modification	
Website <input type="checkbox"/> Posting E-mail <input type="checkbox"/> Assistance	
Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools	
<input type="checkbox"/> Others (specify): _____	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>COMPUTER DESKTOP RAM PERIPHERAL</u>

Authorization	
All requests for service must be approved by the appropriate supervisor (at least division chief, OIC, immediate supervisor or next in rank staff) of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: _____	Supervisor's Position/Title: _____
_____ Supervisor's Signature	<u> </u> / <u> </u> / <u> </u> Date (mm/dd/yyyy):

Infrastructure Service Authorization	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name: <u>J. M. L...</u>	Position/Title: <u>CS</u>
_____ Signature	<u> </u> / <u> </u> / <u> </u> Date (mm/dd/yyyy):

For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>09/27/21</u>	<u>03:12PM</u>	<u>Successfully troubleshooted repair RAM</u>	<u>MS</u>	<u>CS</u>

Feedback Rating: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor

Released by: <u> </u> Signature over printed name	<u> </u> / <u> </u> / <u> </u> Date (mm/dd/yyyy)	Received by: <u>Michael Vincent M. Sunloy</u> Signature over printed name	<u> </u> / <u> </u> / <u> </u> Date (mm/dd/yyyy)
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