



**DENR-PENRO Marinduque**  
**PENRO Information and Communication Technology Unit (PICTu)**

**SERVICE REQUEST FORM (SRF)**

Page No.	Page 1
Revision No.	1
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](mailto:penromarinduque@denr.gov.ph). Once processed, a Technical Support Representative will contact you to schedule service.

**Ticket No:** 2021 - 1004 - 01

**Date (mm/dd/yyyy):** 10 / 04 / 2021

**Requester's Information**

Name: <u>LORENA R. PERDIA</u>	Position/Designation: <u>ADMINISTRATIVE AIDE VI</u>
Division/Section/Unit: <u>ISD/RPS</u>	Building/Room/Flr:
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): \_\_\_\_\_

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

INSTALLATION OF ZOOM SOFTWARE FOR COMPUTER  
DESKTOP

**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	Date (mm/dd/yyyy): <u>10 / 4 / 21</u>

**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>JJ MIAZ</u>	Position/Title: <u>IT</u>
Signature	Date (mm/dd/yyyy): <u>10 / 4 / 21</u>

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

Date	Time	Action Taken	Action Staff	Signature
10/4/21	11:30	SUCCESSFUL INSTALLATION	JJ MIAZ	

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

**Released by:**

Signature over printed name


10 / 4 / 21  
Date (mm/dd/yyyy)

**Received by:**

LORENA R. PERDIA  
Signature over printed name

10 / 4 / 21  
Date (mm/dd/yyyy)



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Ticket No: 2021 - 1004 - 02

Date (mm/dd/yyyy): Oct / 04 / 2021

<b>Requester's Information</b>	
Name: <u>Siong Mae Lotada</u>	Position/Designation: <u>Office Support Asst.</u>
Division/Section/Unit: <u>Finance / Budget</u>	Building/Room/Flr:
Phone:	Email Address:

<b>Request Information</b>	
<b>Type of request:</b>	
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 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): _____	

<b>DESCRIPTION OF REQUEST</b> (Please clearly write down the details of the request.)
<u>Epson Scanner (driver) installation.</u>

<b>Authorization</b>	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>Anidel Feliciano</u>	Supervisor's Position/Title: <u>Budget Officer II</u>
<u>Anidel Feliciano</u> Supervisor's Signature	<u>10 / 04 / 2021</u> Date (mm/dd/yyyy):


<b>Infrastructure Service Authorization</b>	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name: <u>JJ Migan</u>	Position/Title: <u>IT</u>
<u>JJ Migan</u> Signature	<u>10 / 4 / 21</u> Date (mm/dd/yyyy):

<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/4/21</u>	<u>11:00 am</u>	<u>Successful Installation</u>	<u>JJ Migan</u>	<u>JJ Migan</u>

<b>Feedback Rating:</b> <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>[Signature]</u> Signature over printed name: _____ Date (mm/dd/yyyy): <u>10 / 4 / 21</u>	Received by: <u>[Signature]</u> Signature over printed name: <u>SIONG MAE LOTADA</u> Date (mm/dd/yyyy): <u>10 / 04 / 2021</u>
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Ticket No: 2021-1004-03

Date (mm/dd/yyyy): 10 / 4 / 2021

<b>Requester's Information</b>				
Name: <u>Eden P. Palacios</u>		Position/Designation: <u>Admin Officer IV (HRMO II)</u>		
Division/Section/Unit: <u>MSD</u>		Building/Room/Flr:		
Phone:		Email Address:		
<b>Request Information</b>				
<b>Type of request:</b>				
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 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 <input type="checkbox"/> E-mail Assistance Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input checked="" type="checkbox"/> Others (specify): <u>BIO METRIC REGISTRATION</u>				
<b>DESCRIPTION OF REQUEST</b> (Please clearly write down the details of the request.)				
<u>Biometric Registration of Mr. Rex Aljohn Lacadang (ID # 103)</u>				
<b>Authorization</b>				
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.				
Supervisor's Full Name: <u>Eden P. Palacios</u>		Supervisor's Position/Title: <u>AO IV (HRMO II)</u>		
<u>EPalacios</u> Supervisor's Signature		<u>10 / 4 / 2021</u> Date (mm/dd/yyyy):		
<b>Infrastructure Service Authorization</b>				
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.				
Full Name: <u>JJ Mingo</u>		Position/Title: <u>IT</u>		
<u>JJ</u> Signature		<u>10 / 4 / 21</u> Date (mm/dd/yyyy):		
<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/4/21</u>	<u>4:46</u>	<u>SUCCESSFUL BIO METRIC REGISTRATION</u>	<u>JJ</u>	<u>JJ</u>

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

Released By:

JJ  
Signature over printed name


10 / 4 / 21  
Date (mm/dd/yyyy)

Received by:

\_\_\_\_\_  
Signature over printed name

1 / 1  
Date (mm/dd/yyyy)



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**Ticket No:** 2021-1004-07

**Date (mm/dd/yyyy):** Oct / 04 / 2021

<b>Requester's Information</b>	
Name: <u>Siera Mae Lozada</u>	Position/Designation: <u>Office Support Asst.</u>
Division/Section/Unit: <u>Finance / Budget</u>	Building/Room/Flr:
Phone:	Email Address:

<b>Request Information</b>	
<b>Type of request:</b>	
Technical Assistance <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Local Area Network <input checked="" 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): _____	

<b>DESCRIPTION OF REQUEST</b> <i>(Please clearly write down the details of the request.)</i>
<u>Troubleshoot &amp; Re-installation of E-Budget System.</u>

<b>Authorization</b>	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>Arnel Feliciano</u>	Supervisor's Position/Title: <u>Budget Officer II</u>
<u>Arnel Feliciano</u> Supervisor's Signature	<u>10 / 04 / 2021</u> Date (mm/dd/yyyy):

<b>Infrastructure Service Authorization</b>	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name:	Position/Title:
_____	_____
Signature	<u>10 / 04 / 2021</u> Date (mm/dd/yyyy):

<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/04/2021</u>	<u>05:38 PM</u>	<u>Successfully re-installed E-Budget system</u>	<u>ML Lozada</u>	<u>[Signature]</u>

<b>Feedback Rating:</b> <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)

Siera Mae Lozada  
Signature over printed name      /  /    
Date (mm/dd/yyyy)





**DENR-PENRO Marinduque**  
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**Ticket No:** 2021-1007-01

**Date (mm/dd/yyyy):** 7/10/21

**Requester's Information**

Name: <u>Nilo Alvarado</u>	Position/Designation: <u>AOI</u>
Division/Section/Unit: <u>MSD / Admin</u>	Building/Room/Flr:
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): makita DRILL & BITS

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

Borrowing a makita DRILL & BITS SIZE 6mm & 8mm

**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

Date (mm/dd/yyyy): 7/10/21

**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: JS Miciano Position/Title: IT

Signature

Date (mm/dd/yyyy): 7/10/21

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

Date	Time	Action Taken	Action Staff	Signature
7/10/21	8:31	lent a makita DRILL & BITS	JS	<u>JS</u>

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

**Released by:**

Signature over printed name


Date (mm/dd/yyyy): 7/10/21

**Received by:**

Signature over printed name

Date (mm/dd/yyyy): 7/10/21



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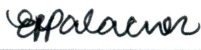
**Reminder:** Please complete this form and submit it at the PICTu service desk located at 2nd flr. DENR PENRO Main Bldg., or email a scanned copy to penromarinduque@denr.gov.ph. Once processed, a Technical Support Representative will contact you to schedule service.


Ticket No: 2021 - 1007 - 02 Date (mm/dd/yyyy): 10 / 7 / 21


<b>Requester's Information</b>	
Name: <u>Eden P. Palacios</u>	Position/Designation: <u>AO IV (HRMG II)</u>
Division/Section/Unit: <u>INSP Admin</u>	Building/Room/Flr:
Phone:	Email Address:

<b>Request Information</b>	
Type of request:	
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	
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):	

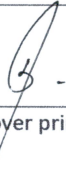

<b>DESCRIPTION OF REQUEST</b> (Please clearly write down the details of the request.)	
<u>Biometric Registration of Ms. Ericka Q Roldan IFE0 (BANG # 116)</u>	

<b>Authorization</b>	
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 P. Palacios</u>	Supervisor's Position/Title: <u>AO IV (HRMG II)</u>
<u></u>	<u>10 / 7 / 21</u>
Supervisor's Signature	Date (mm/dd/yyyy):


<b>Infrastructure Service Authorization</b>	
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.	
Full Name: <u>JJ Micaam</u>	Position/Title: <u>IT</u>
<u></u>	<u>10 / 7 / 21</u>
Signature	Date (mm/dd/yyyy):

<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/7/21</u>	<u>11:20 am</u>	<u>BIOMETRIC REGISTRATION</u>	<u>SJ</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
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Released by:	Received by:
<u></u>	<u></u>
Signature over printed name	Signature over printed name
<u>10 / 7 / 21</u>	<u>10 / 7 / 21</u>
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)



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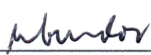
Ticket No: 2021-1012-01


Date (mm/dd/yyyy): 10 / 11 / 2021


<b>Requester's Information</b>	
Name: <u>CORAZON R. PELAEZ</u>	Position/Designation: <u>FTI</u>
Division/Section/Unit: <u>TSD/CPS/PCU</u>	Building/Room/Flr: <u>TSD BUILDING</u>
Phone: <u>0915-0574266</u>	Email Address: <u>bimbini3335@gmail.com</u>

<b>Request Information</b>	
<b>Type of request:</b>	
<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 checked="" type="checkbox"/> Others (specify): <u>200M LINK</u>	


<b>DESCRIPTION OF REQUEST</b> (Please clearly write down the details of the request.)
<u>IEC Campaign: Advocacy on Cares and Care Resources Management in the Province of Marinduque on October 19, 2021, 09:00 AM</u>

<b>Authorization</b>	
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 - COS / COO II</u>
 Supervisor's Signature	<u>10 / 11 / 2021</u> Date (mm/dd/yyyy):

<b>Infrastructure Service Authorization</b>	
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>ISA II</u>
 Signature	<u>10 / 12 / 2021</u> Date (mm/dd/yyyy):

<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/12/2021</u>	<u>01:55 PM</u>	<u>Zoom link, ID &amp; password provided</u>	<u>MR Lorada</u>	

<b>Feedback Rating:</b> <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor
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Released by: 	<u>10 / 12 / 2021</u>	Received by: _____	<u>1 / 1</u>
Signature over printed name	Date (mm/dd/yyyy)	Signature over printed name	Date (mm/dd/yyyy)





DENR-PENRO Marinduque  
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Ticket No: 2021-1012-02

Date (mm/dd/yyyy): 10 / 11 / 2021

Requester's Information

Name: CORAZON R. PELAEZ  
Division/Section/Unit: ISD/CDS/BCU  
Phone: 0915-054266  
Position/Designation: FTI  
Building/Room/Flr: ISD BUILDING  
Email Address: binibini3335@gmail.com

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 LINK

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

IEC Campaign: Advocacy on Caves and Cave Resources Management  
in the Province of Marinduque on October 20, 2021, 09:00 AM

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: ALTH C. BUNDOC  
Supervisor's Position/Title: CHIEF - CDS / CDO II

Supervisor's Signature

10 / 11 / 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: Mark Ryan S. Lorada  
Position/Title: ISA II

Signature

10 / 12 / 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
10/12/2021	01:58 PM	Zoom link, ID & password provided	MR Lorada	fa

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

Released by:

Signature over printed name


10 / 12 / 2021  
Date (mm/dd/yyyy)

Received by:

Signature over printed name

1 / 1  
Date (mm/dd/yyyy)



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**Ticket No:** 2021-1012-03 **Date (mm/dd/yyyy):** 10 / 12 / 2021

<b>Requester's Information</b>	
Name: <u>Heidy L. Oyang</u>	Position/Designation: <u>Planning Officer I</u>
Division/Section/Unit: <u>MSD/ Planning /INSF</u>	Building/Room/Flr:
Phone: <u>09179324060</u>	Email Address: <u>heidyoyang@gmail.com</u>

<b>Request Information</b>	
<b>Type of request:</b>	
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 <input type="checkbox"/> E-mail Assistance Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____	

<b>DESCRIPTION OF REQUEST</b> (Please clearly write down the details of the request.)
<u>1. To fix my printer. because its ink pad is nearing the end of its service life.</u>

<b>Authorization</b>	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>Jhonna Liza S. Mademilla</u>	Supervisor's Position/Title: <u>In-Charge Planning Section / PO II</u>
<u>Jhonna Liza S. Mademilla</u> Supervisor's Signature	<u>10 / 12 / 2021</u> Date (mm/dd/yyyy):

<b>Infrastructure Service Authorization</b>	
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. Brada</u>	Position/Title: <u>ISA II</u>
<u>Mark Ryan S. Brada</u> Signature	<u>10 / 12 / 2021</u> Date (mm/dd/yyyy):

<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/12/2021</u>	<u>02:22 PM</u>	<u>Epson L3110 successfully resetted</u>	<u>MR Brada</u>	<u>[Signature]</u>

<b>Feedback Rating:</b> <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    10 / 12 / 21  
 Date (mm/dd/yyyy)

**Received by:** \_\_\_\_\_  
 Signature over printed name    1 / 1  
 Date (mm/dd/yyyy)



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

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

**Ticket No:** 2021-10/3-01

**Date (mm/dd/yyyy):** 10 / 13 / 21

<b>Requester's Information</b>				
Name: <u>Eden P. Palacios</u>		Position/Designation: <u>Admin Officer IV (HRMO II)</u>		
Division/Section/Unit: <u>MSD-Admin</u>		Building/Room/Flr:		
Phone:		Email Address:		
<b>Request Information</b>				
<b>Type of request:</b>				
<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 Link</u>				
<b>DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)</b>				
<u>Request for Zoom Link for online Exam and Interview of Applicant for Administrative Assistant in October 15, 2021 (Friday) 9:00am</u>				
<b>Authorization</b>				
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.				
Supervisor's Full Name: <u>EDEN P. PALACIOS</u>		Supervisor's Position/Title: <u>Admin. Officer IV (HRMO II)</u>		
<u>EPalacios</u> Supervisor's Signature		<u>13 / 10 / 21</u> Date (mm/dd/yyyy):		
<b>Infrastructure Service Authorization</b>				
All requests for service must be coordinated with and signed by the Chief of PCTU or his/her authorized representative.				
Full Name: <u>Mark Ryan S. Lozada</u>		Position/Title: <u>ISA II</u>		
<u>[Signature]</u> Signature		<u>10 / 13 / 2021</u> Date (mm/dd/yyyy):		
<b>For PCTU Staff Only (Use Back of Form or Separate sheet if necessary)</b>				
Date	Time	Action Taken	Action Staff	Signature
<u>10/13/2021</u>	<u>11:28 AM</u>	<u>Zoom link, ID &amp; passcode provided</u>	<u>MR Lozada</u>	<u>[Signature]</u>

**Feedback Rating:** ☒ Excellent    ☐ Very Satisfactory    ☐ Satisfactory    ☐ Unsatisfactory    ☐ 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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**Ticket No:** 2021-1014-01

**Date (mm/dd/yyyy):** 10 / 14 / 2021

<b>Requester's Information</b>	
Name: <u>FLORENCIO F. PASTORAL</u>	Position/Designation: <u>FORESTER III / CHIEF MES</u>
Division/Section/Unit: <u>TSD - MES</u>	Building/Room/Flr:
Phone:	Email Address:

<b>Request Information</b>	
<b>Type of request:</b>	
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 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 <input type="checkbox"/> E-mail Assistance Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): <u>Panasonic KV-KL056 scanner</u>	

<b>DESCRIPTION OF REQUEST</b> (Please clearly write down the details of the request.)
<u>Installation of Panasonic KV-KL056 scanner</u>

<b>Authorization</b>	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>[Signature]</u> Supervisor's Signature	<u>1 / 1</u> Date (mm/dd/yyyy):


<b>Infrastructure Service Authorization</b>	
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> Signature	<u>10 / 14 / 21</u> Date (mm/dd/yyyy):

<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/14/21</u>	<u>11:30</u>	<u>Install scanner driver</u>	<u>JJ</u>	<u>[Signature]</u>

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

<b>Released by:</b>	<b>Received by:</b>
<u>[Signature]</u> Signature over printed name	<u>10 / 14 / 21</u> Date (mm/dd/yyyy)
<u>10 / 14 / 21</u> Date (mm/dd/yyyy)	<u>[Signature]</u> Signature over printed name
	<u>1 / 1</u> Date (mm/dd/yyyy)



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Ticket No: 2021-1014-02 Date (mm/dd/yyyy): 10 / 14 / 21

Requester's Information	
Name: <u>Eden P. Palacios</u>	Position/Designation: <u>Admin officer IV (Hrmou)</u>
Division/Section/Unit:	Building/Room/Flr:
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): \_\_\_\_\_

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

Biometric Registration in Technical Services Division

Name: Jason Michael S. Leynes

Position: Forest Extension Officer

#182

#### 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: Eden P. Palacios Supervisor's Position/Title: Admin officer IV (Hrmou)

EPalacios

Supervisor's Signature

10 / 14 / 21

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: Mark Ryan S. Lirada Position/Title: ISAT II

[Signature]

Signature

10 / 14 / 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
<u>10/14/2021</u>	<u>03:13 PM</u>	<u>Biometrics registration successful</u>	<u>MLLirada</u>	<u>[Signature]</u>

Feedback Rating: ☒ Excellent ☐ Very Satisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ 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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Ticket No: 2021-1014-03

Date (mm/dd/yyyy): 10 / 14 / 21

Requester's Information	
Name: <u>Eden P. Palacios</u>	Position/Designation: <u>Admin Officer IV (HRMO II)</u>
Division/Section/Unit: <u>MSP - 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 Link</u>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
Requesting for zoom link for the schedule of job knowledge examination of qualified applicants to the vacant positions Date: October 21, 2021   whole day

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 P. PALACIOS</u>	Supervisor's Position/Title: <u>Admin Officer IV (HRMO II)</u>
<u>EPalacios</u> Supervisor's Signature	<u>10 / 14 / 21</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>ISAU</u>
<u>[Signature]</u> Signature	<u>10 / 14 / 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>10/14/2021</u>	<u>12:06 PM</u>	<u>Zoom link, ID, pass code provided</u>	<u>Mr Lorada</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
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Released by: [Signature]  
Signature over printed name    10 / 14 / 21  
Date (mm/dd/yyyy)

Received by: \_\_\_\_\_  
Signature over printed name    1 / 1 /  
Date (mm/dd/yyyy)





**DENR-PENRO Marinduque**  
*PENRO Information and Communication Technology Unit (PICTu)*  
**SERVICE REQUEST FORM (SRF)**

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**Ticket No:** 2021-1014-04

**Date (mm/dd/yyyy):** 10 / 14 / 21

Requester's Information				
Name: <u>Eden P. Palacios</u>		Position/Designation: <u>Admin Office IV (HRMO II)</u>		
Division/Section/Unit: <u>MSD-Admin</u>		Building/Room/Flr:		
Phone:		Email Address:		
Request Information				
<b>Type of request:</b>				
<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 link</u>				
DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)				
<u>Requesting for Zoom Link for the schedule of Job Knowledge examination of qualified applicants to the vacant positions Date: October 22, 2021 (whole day)</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 P. PALACIOS</u>		Supervisor's Position/Title: <u>Admin. Officer IV (HRMO II)</u>		
<u>EPalacios</u>		<u>10 / 14 / 21</u>		
Supervisor's 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: <u>Mark Ryan S. Lozada</u>		Position/Title: <u>ISAT</u>		
<u>ML</u>		<u>10 / 14 / 2021</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>10/14/2021</u>	<u>12:06 PM</u>	<u>Zoom link, ID &amp; password provided</u>	<u>MLLozada</u>	<u>ML</u>
<b>Feedback Rating:</b> <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

10 / 14 / 21  
Date (mm/dd/yyyy)

**Received by:**

Signature over printed name

1 / 1  
Date (mm/dd/yyyy)



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Ticket No: 2021-1015-01 Date (mm/dd/yyyy): 10 / 15 / 21

Requester's Information	
Name: <u>Eden P. Palacios</u>	Position/Designation: <u>Admin Officer IV</u>
Division/Section/Unit: <u>M&amp;D - 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 checked="" type="checkbox"/> Hardware Components <input checked="" type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input checked="" type="checkbox"/> Others (specify): <u>2 Projector screen and Speaker</u>	

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

To ~~request~~ borrow the said equipment for the job knowledge examination and interview to be conducted on October 21-22, 2021

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>EDEN P. PALACIOS</u>	Supervisor's Position/Title: <u>Admin Officer IV</u>
<u>EPalacios</u> Supervisor's Signature	<u>10 / 15 / 21</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. Lirio</u>	Position/Title: <u>ISA II</u>
<u>[Signature]</u> Signature	<u>10 / 15 / 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>10/20/2021</u>	<u>04:53 PM</u>	<u>Projectors, screen and speaker released</u>	<u>MLMora</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
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Released by:

Received by:



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Ticket No: 2021-1015-02 Date (mm/dd/yyyy): 10 / 15 / 21


Requester's Information	
Name: <u>Eden P. Palacios</u>	Position/Designation: <u>Admin Officer IV</u>
Division/Section/Unit: <u>MSD - Admin</u>	Building/Room/Flr:
Phone:	Email Address:


Request Information	
Type of request:	
<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> <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 type="checkbox"/> Website         <div> <input type="checkbox"/> Posting    <input checked="" 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 checked="" type="checkbox"/> Others (specify): _____         </div>	

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

To request for technical assistance on October 21 - 22, 2021  
for the Job Knowledge Examination + Interview

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>EDEN P. PALACIOS</u>	Supervisor's Position/Title: <u>Admin Officer IV</u>
<u>EPalacios</u> Supervisor's Signature	<u>10 / 15 / 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. Bradu</u>	Position/Title: <u>ISAU</u>
 Signature	<u>10 / 15 / 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>10/15/2021</u>	<u>10:03AM</u>	<u>IT Assistant to provide assistance on the said dates</u>	<u>MRBrad</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
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Released by:

Received by:



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Ticket No: 2021-1019-01

Date (mm/dd/yyyy): 10 / 19 / 2021

#### Requester's Information

Name: <u>Jawine Mae M. Samilla</u>	Position/Designation: <u>Data Encoder</u>
Division/Section/Unit: <u>MSD - Admin</u>	Building/Room/Flr:
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 link

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

Requesting for zoom link for the dry run of examination and interview on October 20, 2021, 9:00am

#### 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:
<u>GEMMA P. DELLOS REYES</u> Planning Officer III In-Charge, Office of the MSD	<u>10 / 19 / 21</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>ISA II</u>
<u>[Signature]</u> Signature	<u>10 / 19 / 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>10/19/2021</u>	<u>09:59 PM</u>	<u>Zoom link, Passcode &amp; ID provided</u>	<u>MLLorada</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
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Released by:

Received by:



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**Ticket No:** 2021-1019-02

**Date (mm/dd/yyyy):** 10 / 19 / 2021

Requester's Information	
Name: <u>Janine Mae M. Sevilla</u>	Position/Designation: <u>Data Encoder</u>
Division/Section/Unit: <u>MSD - Admin</u>	Building/Room/Flr:
Phone:	Email Address:

Request Information	
<b>Type of request:</b>	
<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>Setup of projector, sounds &amp; video</u>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>requesting for technical assistant on October 25-27, 2021 for the interview of applicants for the vacant positions.</u>

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name: <u>GEMMA P. DELOS REYES</u>	Supervisor's Position/Title: <u>Planning Officer III</u>
<u>GEMMA P. DELOS REYES</u> Planning Officer III In-Charge Office of the MSD	<u>10 / 19 / 21</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. Wrada</u>	Position/Title: <u>ISAT II</u>
<u>[Signature]</u> Signature	<u>10 / 19 / 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>10/19/2021</u>	<u>03:59 PM</u>	<u>IT Assistant to provide assistance on the said dates</u>	<u>MR Wrada</u>	<u>[Signature]</u>

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

Received by:



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	<b>SERVICE REQUEST FORM (SRF)</b>	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](mailto:penromarinduque@denr.gov.ph). Once processed, a Technical Support Representative will contact you to schedule service.

**Ticket No:** 2021-1019-03 **Date (mm/dd/yyyy):** 10 / 19 / 2021

Requester's Information	
Name: <u>Janine Mae M. Semilla</u>	Position/Designation: <u>Data Encoder</u>
Division/Section/Unit: <u>MSD - Admin</u>	Building/Room/Flr:
Phone:	Email Address:

Request Information	
<b>Type of request:</b>	
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 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 <input type="checkbox"/> E-mail Assistance Asset/Borrow <input type="checkbox"/> Hardware Components <input checked="" type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input checked="" type="checkbox"/> Others (specify): <u>Projector, Webcam and Speaker w/ microphone</u>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>Request to borrow 1 projector, 1 webcam and speaker for the interview of applicants for the vacant position on October 25 - 27, 2021</u>

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>Gemma P. De los Reyes</u> Planning Officer III In-Charge, Office of the MSD	<u>10 / 19 / 21</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>ISAT</u>
<u>[Signature]</u> Signature	<u>10 / 19 / 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>10/19/2021</u>	<u>04:08 PM</u>	<u>Release the needed peripherals on the mentioned dates only (Oct. 25-27, 2021)</u>	<u>MR Lorada</u>	<u>[Signature]</u>

<b>Feedback Rating:</b> <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor
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Ticket No: 2021-1019-04

Date (mm/dd/yyyy): 10 / 19 / 2021

Requester's Information	
Name: <u>Janine Mae N. Sevilla</u>	Position/Designation: <u>Data Encoder</u>
Division/Section/Unit: <u>MSO-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 link</u>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
Requesting for zoom link for the interview of applicants for the vacant positions on October <u>25</u> - <u>27</u> , 2021 (whole day)

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>Gemma P. De Los Reyes</u> Planning Officer III Supervisor's Signature	<u>10 / 19 / 21</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. Wazada</u>	Position/Title: <u>ISA II</u>
<u>[Signature]</u> Signature	<u>10 / 19 / 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>10/19/2021</u>	<u>04:38 PM</u>	<u>Zoom link, passcode &amp; ID provided</u>	<u>MM Wazada</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
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Ticket No: 2021-1019-05

Date (mm/dd/yyyy): 10 / 19 / 21

Requester's Information	
Name: <u>Janine Mae M. Sevilla</u>	Position/Designation: <u>Data Encoder</u>
Division/Section/Unit: <u>MSD - 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 Link</u>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>Requesting for Zoom link for the interview of Applicants for the vacant positions on October 20, 2021 (whole day)</u>

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>Gemma P. Delos Reyes</u> Planning Officer III In-Charge, Office of the M...	<u>10 / 19 / 21</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. Landa</u>	Position/Title: <u>ISA II</u>
<u>[Signature]</u> Signature	<u>10 / 19 / 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>10/19/2021</u>	<u>04:41 PM</u>	<u>Zoom link, pass code &amp; ID provided</u>	<u>M. Morada</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
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Released by:

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**Ticket No:** 2021-1019-06

**Date (mm/dd/yyyy):** 10 / 19 / 21

Requester's Information	
Name: <u>Jawine Mae M. Semilla</u>	Position/Designation: <u>Data Encoder</u>
Division/Section/Unit: <u>MSD - Admin</u>	Building/Room/Flr:
Phone:	Email Address:

Request Information	
<b>Type of request:</b>	
<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 link</u>	

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

Requesting for Zoom link for the interview of Applicants for the vacant positions on October 27, 2021 (whole day)

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>Gemma P. Delos Reyes</u> Planning Officer III In Charge, Office of the MSO	<u>10 / 19 / 21</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. Brada</u>	Position/Title: <u>ISA II</u>
<u>[Signature]</u> Signature	<u>10 / 19 / 2021</u> Date (mm/dd/yyyy):

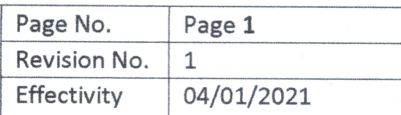
For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/19/2021</u>	<u>04:43 PM</u>	<u>Zoom link, passcode, ID provided</u>	<u>MR Brada</u>	<u>[Signature]</u>

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

Received by:





filename: PICTu Service Request Form 01 April 2021-1.docx



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**Ticket No:** 2021-1020-01

**Date (mm/dd/yyyy):**      /      /     

Requester's Information	
Name: <u>JOHN M. LILES</u>	Position/Designation: <u>SENS/TOURISM</u>
Division/Section/Unit:	Building/Room/Flr:
Phone: <u>09183800022</u>	Email Address:

Request Information	
<b>Type of request:</b>	
<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"/> E-mail Assistance <input type="checkbox"/> Posting <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>WiFi Connection</u>	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)	
<u>Internet Connection</u> <span style="float: right;"><u>(14557-72922)</u></span>	

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>JOHN M. LILES</u> Supervisor's Signature	<u>EO 120 17021</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:	Position/Title:
<u>G. J. J. J.</u> Signature	<u>10 1 20 1 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>10/20/21</u>	<u>10:05</u>	<u>activate router cable</u>	<u>J</u>	<u>[Signature]</u>

<b>Feedback Rating:</b> <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor
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<b>Released by:</b> <u>[Signature]</u> Signature over printed name	<b>Received by:</b> <u>10 20 21</u> Date (mm/dd/yyyy)	<b>Received by:</b> <u>    </u> Signature over printed name	<u>    </u> / <u>    </u> / <u>    </u> 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](mailto:penromarinduque@denr.gov.ph). Once processed, a Technical Support Representative will contact you to schedule service.

**Ticket No:** 2021-1020-02 **Date (mm/dd/yyyy):** 11 / 20 / 2021

Requester's Information	
Name: <u>Genneth V. Panvelos</u>	Position/Designation: <u>Info. Officer</u>
Division/Section/Unit: <u>TSP</u>	Building/Room/Flr:
Phone:	Email Address:

Request Information	
<b>Type of request:</b>	
<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 checked="" type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input checked="" type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____	

DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)
<u>Borrow of Projector and Webcam to be used on Nov. 3-4, 2021</u> <u>GAD Online Learning Event</u>

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>ENGR. CYNTHIA D. LOZANO</u> CHIEF TECHNICAL SERVICES DIVISION Supervisor's 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: <u>Mark Ryan S. Lozada</u>	Position/Title: <u>ISA II</u>
_____ Signature	<u>11 / 20 / 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>11/10/2021</u>	<u>07:25 AM</u>	<u>Projector &amp; webcam released</u>		

<b>Feedback Rating:</b> <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor
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<b>Released by:</b>	<b>Received by:</b>
_____ Signature over printed name	_____ Signature over printed name
<u>11 / 20 / 2021</u> Date (mm/dd/yyyy)	<u>11 / 20 / 2021</u> Date (mm/dd/yyyy)



**DENR-PENRO Marinduque**

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Ticket No: 2021-1020-03Date (mm/dd/yyyy): 10 / 20 / 2021**Requester's Information**

Name: <u>Genneth V. Panuelos</u>	Position/Designation:
Division/Section/Unit:	Building/Room/Flr:
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 link**DESCRIPTION OF REQUEST** (Please clearly write down the details of the request.)

Zoom link on November 3, 2021  
GAD Online Learning Event

**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:

ENGR. CYNTHIA U. LOZANO  
CHIEF TECHNICAL SERVICES DIVISION  
Supervisor's Signature

Date (mm/dd/yyyy): 10 / 20 / 2021**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: Mark Ryan S. BradaPosition/Title: ISAT II

Signature

Date (mm/dd/yyyy): 10 / 20 / 2021**For PICTu Staff Only** (Use Back of Form or Separate sheet if necessary)

Date	Time	Action Taken	Action Staff	Signature
10/20/2021	10:34 AM	Zoom link, Passcode GAD provided	MR Brada	

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

Released by:

Received by:


Signature over printed name

Date (mm/dd/yyyy): 10, 20, 21

Signature over printed name

Date (mm/dd/yyyy): 10 / 20 / 2021



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**Ticket No:** 2021-1020-04

**Date (mm/dd/yyyy):** 10 / 20 / 2021

### Requester's Information

Name: <u>Genneth V. Panvelos</u>	Position/Designation:
Division/Section/Unit:	Building/Room/Flr:
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 link

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

Zoom link on November 4, 2021  
GAD Online Learning Event

### 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:
<u>ENGR. CYNTHIA C. LOZANO</u> CHIEF TECHNICAL SERVICES DIVISION Supervisor's 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: <u>Mark Ryan S. Brada</u>	Position/Title: <u>ISAT</u>
<u>[Signature]</u> Signature	<u>10 / 20 / 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>10/20/2021</u>	<u>10:36 AM</u>	<u>Zoom link, ID &amp; Password provided</u>	<u>MR Brada</u>	<u>[Signature]</u>

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

Released by:

Signature over printed name

10 / 20 / 21  
Date (mm/dd/yyyy)

Received by:

Signature over printed name

1 / 1  
Date (mm/dd/yyyy)



**DENR-PENRO Marinduque**

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Ticket No: 2021-020-05Date (mm/dd/yyyy): 11 / 20 / 2021**Requester's Information**

Name: <u>Genneth V. Panuelos</u>	Position/Designation: <u>Information Officer</u>
Division/Section/Unit: <u>TSD</u>	Building/Room/Flr:
Phone:	Email Address:

**Request Information****Type of request:**

## Technical Assistance

☒ Hardware  
set-up☐ 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): \_\_\_\_\_**DESCRIPTION OF REQUEST** (Please clearly write down the details of the request.)

Technical Assistance for set-up - Nov. 3-4, 2021  
GAD Online Learning Event

**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:

ENGR. CYNTHIA U. LOZANO  
TECHNICAL SERVICES DIVISION  
Supervisor's 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: Mark Ryan S. LoradaPosition/Title: ISATU

Signature

Date (mm/dd/yyyy): 11 / 20 / 2021**For PICTu Staff Only** (Use Back of Form or Separate sheet if necessary)

Date	Time	Action Taken	Action Staff	Signature
10/03/2021	07:30 AM	Setup Cu provided technical assistance	MLLorada	
11/04/2021	07:25 AM	- do		

Feedback Rating: ☒ Excellent☐ Very Satisfactory☐ Satisfactory☐ Unsatisfactory☐ 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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	<i>PENRO Information and Communication Technology Unit (PICTu)</i>	Revision No.	1
	<b>SERVICE REQUEST FORM (SRF)</b>	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](mailto:penromarinduque@denr.gov.ph). Once processed, a Technical Support Representative will contact you to schedule service.

Ticket No: 2021-1020-06 Date (mm/dd/yyyy): 10 / 20 / 21

<b>Requester's Information</b>	
Name: <u>Janine Mae M. Sevilla</u>	Position/Designation: <u>Data Encoder</u>
Division/Section/Unit: <u>MRP-Admin</u>	Building/Room/Flr:
Phone:	Email Address:

<b>Request Information</b>	
<b>Type of request:</b>	
<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 type="checkbox"/> Others (specify): _____	

<b>DESCRIPTION OF REQUEST</b> <i>(Please clearly write down the details of the request.)</i>	
<u>For biometric Registration of Newly Hired FEO</u>	
<u>Name: Christine Laurie May M. Refugia</u>	
<u>Position: Forestry Extension Officer</u>	
<u>383</u> <u>#162</u>	

<b>Authorization</b>	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.	
Supervisor's Full Name:	Supervisor's Position/Title:
<u>Malacion</u>	
Supervisor's Signature	Date (mm/dd/yyyy): <u>10 / 20 / 21</u>


<b>Infrastructure Service Authorization</b>	
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. Wada</u>	Position/Title: <u>ICALL</u>
<u>fw</u>	
Signature	Date (mm/dd/yyyy): <u>10 / 20 / 2021</u>

<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/20/2021</u>	<u>04:29 PM</u>	<u>Successfully registered</u>	<u>MMWada</u>	<u>fw</u>

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

<b>Released by:</b>	<b>Received by:</b>
<u>fw</u>	<u>10 10 11</u>
Signature over printed name	Signature over printed name
	Date (mm/dd/yyyy)



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**Ticket No:** 2021-020-07 **Date (mm/dd/yyyy):** 10 / 20 / 21

<b>Requester's Information</b>				
Name: <u>Janine Mae M. Semilla</u>		Position/Designation: <u>Data Encoder</u>		
Division/Section/Unit: <u>MSP - Admin</u>		Building/Room/Flr:		
Phone:		Email Address:		
<b>Request Information</b>				
<b>Type of request:</b>				
<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 type="checkbox"/> Others (specify): _____				
<b>DESCRIPTION OF REQUEST (Please clearly write down the details of the request.)</b>				
<u>Re For biometric registration at MSP</u> <u>380</u> <u>#B33✓</u>				
Name: <u>Peterlyn P. Manahan</u>				
Pos: <u>Administrative Assistant</u>				
<b>Authorization</b>				
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.				
Supervisor's Full Name:		Supervisor's Position/Title:		
<u>OPalacios</u>		<u>1 / 1</u>		
Supervisor's Signature		Date (mm/dd/yyyy):		
<b>Infrastructure Service Authorization</b>				
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.				
Full Name: <u>Mark Myan S - Lozada</u>		Position/Title: <u>ICTA II</u>		
<u>LO</u>		<u>10 / 20 / 2021</u>		
Signature		Date (mm/dd/yyyy):		
<b>For PICTu Staff Only (Use Back of Form or Separate sheet if necessary)</b>				
Date	Time	Action Taken	Action Staff	Signature
<u>10/20/2021</u>	<u>09:17 PM</u>	<u>Successfully registered</u>	<u>MP Lozada</u>	<u>LO</u>
<b>Feedback Rating:</b> <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor				
<b>Released by:</b>		<b>Received by:</b>		
<u>LO</u>		<u>LO</u>		
Signature over printed name		Signature over printed name		
<u>10/20/21</u>		<u>1 / 1</u>		
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		



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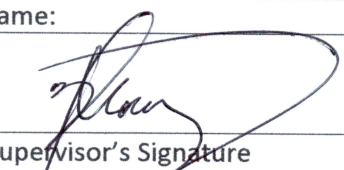
**Reminder:** Please complete this form and submit it at the PICTu service desk located at 2nd flr. DENR PENRO Main Bldg., or email a scanned copy to [penromarinduque@denr.gov.ph](mailto:penromarinduque@denr.gov.ph). Once processed, a Technical Support Representative will contact you to schedule service.


Ticket No: 2021-10-25-01 Date (mm/dd/yyyy): 10/25/21

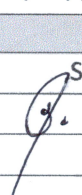
Requester's Information	
Name: <u>Jelomy H. Malagay</u>	Position/Designation: <u>practis /</u>
Division/Section/Unit: <u>KPT</u>	Building/Room/Flr:
Phone: <u>09060084056</u>	Email Address: <u>infogad@denr.gov.ph</u>
Request Information	
<b>Type of request:</b> <div> Technical Assistance  <input type="checkbox"/> Hardware    <input checked="" type="checkbox"/> Software    <input type="checkbox"/> Local Area Network    <input type="checkbox"/> Information Systems    <input type="checkbox"/> Databases  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    <input type="checkbox"/> E-mail Assistance  Asset/Borrow  <input type="checkbox"/> Hardware Components    <input type="checkbox"/> Peripherals    <input type="checkbox"/> Tools  <input type="checkbox"/> Others (specify): _____ </div>	

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

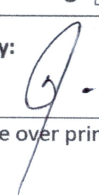
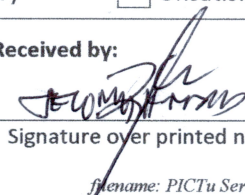
*installation of avocast 2017 64bit version*

Authorization	
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> 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>10/25/21</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>JS micran</u>	Position/Title: <u>IT</u>
 Signature	<u>10/25/21</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
10/25/21	2:51pm	installed avocast 2017	JS micran	

<b>Feedback Rating:</b> <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Poor
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<b>Released by:</b>  Signature over printed name	<u>10/25/21</u> Date (mm/dd/yyyy)	<b>Received by:</b>  Signature over printed name	<u>10/25/21</u> Date (mm/dd/yyyy)
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Ticket No: 2021-1025-02 Date (mm/dd/yyyy): 10 / 25 / 21

<b>Requester's Information</b>				
Name: <u>FLORENCIO F. PASTORAL</u>		Position/Designation:		
Division/Section/Unit: <u>MES</u>		Building/Room/Flr:		
Phone:		Email Address:		
<b>Request Information</b>				
<b>Type of request:</b>				
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 <input type="checkbox"/> E-mail Assistance Asset/Borrow <input type="checkbox"/> Hardware Components <input type="checkbox"/> Peripherals <input type="checkbox"/> Tools <input type="checkbox"/> Others (specify): _____				
<b>DESCRIPTION OF REQUEST</b> <i>(Please clearly write down the details of the request.)</i>				
<u>COMPUTER DESKTOP RAM FAILURE</u>				
<b>Authorization</b>				
All requests for service must be approved by the appropriate <b>supervisor (at least division chief, OIC, immediate supervisor or next in rank staff)</b> of the requester. By signing below the manager/supervisor certifies that the service is required.				
Supervisor's Full Name:		Supervisor's Position/Title:		
<u>[Signature]</u> Supervisor's Signature		<u>10 / 25 / 21</u> Date (mm/dd/yyyy):		
<b>Infrastructure Service Authorization</b>				
All requests for service must be coordinated with and signed by the Chief of PICTu or his/her authorized representative.				
Full Name: <u>J. Miao</u>		Position/Title: <u>IT</u>		
<u>[Signature]</u> Signature		<u>10 / 25 / 21</u> Date (mm/dd/yyyy):		
<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/25/21</u>	<u>2:00pm</u>	<u>check &amp; clean PC ram</u>	<u>JJ</u>	<u>[Signature]</u>
<b>Feedback Rating:</b> <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:		
<u>[Signature]</u> Signature over printed name		<u>10 / 25 / 21</u> Date (mm/dd/yyyy)		
		Signature over printed name              Date (mm/dd/yyyy)		



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**Ticket No:** 2021-1027-01

**Date (mm/dd/yyyy):**      /      /     

<b>Requester's Information</b>				
Name: <u>Victoria Niewa</u>		Position/Designation: <u>LM</u>		
Division/Section/Unit: <u>Office of the PENRO</u>		Building/Room/Flr: <u>    </u>		
Phone: <u>    </u>		Email Address: <u>bec.niewa@gmail.com</u>		
<b>Request Information</b>				
<b>Type of request:</b>				
<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 hosting</u>				
<b>DESCRIPTION OF REQUEST</b> (Please clearly write down the details of the request.)				
<u>Provide Zoom link, ID &amp; Passcode for the conduct of meeting re: Balogo Port on October 28, 2021</u>				
<b>Authorization</b>				
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:		
<u>IMELDA M. DIAZ</u> OIC-PENRO Marinduque Supervisor's Signature		<u>    </u> / <u>    </u> / <u>    </u> Date (mm/dd/yyyy):		
<b>Infrastructure Service Authorization</b>				
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. Wrada</u>		Position/Title: <u>ICAT</u>		
<u>    </u> Signature		<u>10 / 27 / 2021</u> Date (mm/dd/yyyy):		
<b>For PICTu Staff Only</b> (Use Back of Form or Separate sheet if necessary)				
Date	Time	Action Taken	Action Staff	Signature
<u>10/27/2021</u>	<u>03:23 PM</u>	<u>Zoom link, ID &amp; passcode provided</u>	<u>MM Wrada</u>	<u>    </u>

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

**Released by:**

**Received by:**

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

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



