



# IT Support Request Form

### Priority Ranking (Select One)

- Impacts Emergency Mgt./Public Safety
- Personnel- Restricted/Terminated Access
- System Inoperable/Unable to access Key Applications
- Error/System Messages
- Upgrades/Installation/Maintenance

<b>Requestor Name:</b>		<b>Title:</b>	
<b>Department:</b>			
<b>Date of Request:</b>		<b>Requested Completion Date:</b>	
<b>Supv./Mgr. Signature:</b>		<b>Dept. Head Signature:</b>	
<b>Date Submitted:</b>			
<input type="checkbox"/> <b>New User Set-up</b>			
<b>Employee Name (Last Name, First Name):</b>			
<b>Title:</b>		<b>Department:</b>	
<b>Employee ID:</b>		<input type="checkbox"/> E-mail	<input type="checkbox"/> Smart Phone Set-up
		<input type="checkbox"/> Other	<input type="checkbox"/> Network Access
<input type="checkbox"/> <b>Software Request</b> <input type="checkbox"/> New <input type="checkbox"/> Version Change			
<b>Software Name:</b>			
<b>Vendor:</b>		<b>Version:</b>	
<b>Cost:</b>		<b>Number of Licenses:</b>	
<b>Payment Method:</b>	<input type="checkbox"/> P.O. Number:		<input type="checkbox"/> Pre-paid with City Credit Card
<i>*Software purchases and related costs, license fees, etc. must be pre-approved by your manager.</i>			
<input type="checkbox"/> <b>Restricted Site Access</b>			
<b>List URL's Requiring Access:</b>		<b>List Business Purpose(s) for Access:</b>	
<input type="checkbox"/> <b>Project Request</b>			
<b>Scope of Work</b> <i>(Provide details on the type of project, number of computers, etc. that will be impacted. Attach additional documentation if needed.):</i>			
<b>To be completed by IT Support</b>			
<b>Estimated number of hours:</b>	<input type="checkbox"/>	<b>Retainer</b> <small>Covered under normal scope of contract hours. *Normal, routine maintenance of existing services.</small>	<input type="checkbox"/> <b>Billable</b> <small>Not covered under normal scope of contract hours. *Attach itemized cost estimate for project.</small>
<b>Estimated Completion Date:</b>			