



CHINGLE UNIFIED SCHOOL DISTRICT NO.24

COMPUTER SERVICES – WORK ORDER FORM

Name: _____

School/Department: _____

Phone Ext#: _____

Location/Room #: _____

Request Date: _____

Approved by (Principal/Director)

Please Check All That Apply:

<input type="checkbox"/> Computer	<input type="checkbox"/> PowerSchool	<input type="checkbox"/> Software	<input type="checkbox"/> Other
<input type="checkbox"/> Internet	<input type="checkbox"/> Email	<input type="checkbox"/> IP Phone	
<input type="checkbox"/> Printer	<input type="checkbox"/> User Account	<input type="checkbox"/> Voice Mail	
<input type="checkbox"/> Wireless	<input type="checkbox"/> Log on Issues	<input type="checkbox"/> Long Distance	

Description of Problem:

Computer Services Only

Tech Notes:

Completed

Incomplete

Technician's Name: _____

Received Date: _____

Completion Date: _____