



MANAGEMENT OF INFORMATION SYSTEM (MIS)

F- MIS-005
 Version: 01
 Revision:01
 Effective Date: June 2, 2015

Request No.: _____

MIS Service Request Form

A. Contact Information of Requestor

Name:* _____ Date:* _____

Firstname Middlename Lastname Ext Name (Jr., Sr.)

Contact No.:* _____ Email Address:* _____

Students Employee Others, please specify: _____

B. Type of Service (Select as appropriate)

I need help with: *

Desktop/Laptop PCs, IP Phone, Printers, Monitors (Tech Support Services)

Category of Service*

Email Help, Email Address: _____

Install Software Virus Help Data Help

Install/ Set-up New Equipment, Type of Equipment: _____ Problem w/

Equipment, Type of Equipment: _____

IS, Network, Internet, Wireless, Fiber, Security, Cameras (Data Services)

Category of Service*

New Network Connection Upgrade Existing Network Service

Problem (Existing network or Internet connection)

Others (Detailed in Request Description)

C. Request Description*

Please provide detailed info about your request (i.e. problem description, needed by date, additional contacts and any other info not detailed above)

 Signature of Head & Date

This portion will be filled by ICT Service Desk Personnel

Received by:

Accepted
 Rejected, reason: _____

 Signature over Printed Name & Date

DS No (If any): _____



MANAGEMENT OF INFORMATION SYSTEM (MIS)

F- MIS -005
 Version: 01
 Revision:01
 Effective Date: June 2, 2015

Request No.: _____

MIS Service Request Form

A. Contact Information of Requestor

Name:* _____ Date:* _____

Firstname Middlename Lastname Ext Name (Jr., Sr.)

Contact No.:* _____ Email Address:* _____

Students Employee Others, please specify: _____

B. Type of Service (Select as appropriate)

I need help with: *

Desktop/Laptop PCs, IP Phone, Printers, Monitors (Tech Support Services)

Category of Service*

Email Help, Email Address: _____

Install Software Virus Help Data Help

Install/ Set-up New Equipment, Type of Equipment: _____ Problem w/

Equipment, Type of Equipment: _____

IS, Network, Internet, Wireless, Fiber, Security, Cameras (Data Services)

Category of Service*

New Network Connection Upgrade Existing Network Service

Problem (Existing network or Internet connection)

Others (Detailed in Request Description)

C. Request Description*

Please provide detailed info about your request (i.e. problem description, needed by date, additional contacts and any other info not detailed above)

 Signature of Head & Date

This portion will be filled by ICT Service Desk Personnel

Received by:

Accepted
 Rejected, reason: _____

 Signature over Printed Name & Date

DS No (If any): _____



MANAGEMENT OF INFORMATION SYSTEM (MIS)

F-MIS-006
 Version: 01
 Revision: 00
 Effective Date: June 2, 2015

SR No.: _____

MIS SERVICE RESPONSE SLIP

Information on Action Taken

Ref. Request No.: _____

Service Description: * _____

Details on action taken: *

Solved Unsolved, reason : _____

Executed & Prepared by:

 Signature over Printed Name & Date

Noted by (MIS Head):

MARIA BESA JOY M. ORTUYO, MSc

 Signature over Printed Name & Date



CLIENT SATISFACTION SURVEY FORM

Please help us improve our services! We will appreciate if you can spare us a moment to answer this survey form.

Date & Time of Visit: _____ Office/Person Visited: _____

Please check appropriate box: Student Parent Others, please specify: _____

What is the purpose of your visit/ transaction?

- To inquire/consult (e.g., seek technical advice)
- To attend a meeting
- To submit documents

- To request data/document
- To follow up on a request/get data/document
- Other (Please specify) _____

Please assess the services rendered by checking the box of your choice using the rubric indicated below:

Criteria	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)
a) I was promptly attended to					
b) I was attended cordially and politely.					
c) My queries and concern/s was/were addressed clearly/directly					
d) The workplace was clean and organized					

Overall Satisfaction:

[5] Very Satisfied [4] Satisfied [3] Neutral [2] Dissatisfied [1] Very Dissatisfied

Comments/Suggestions for improvement: _____

Contact Information:

Name and Signature: _____
 Agency/Office/Address: _____

Contact Number: _____
 Email Address: _____