



**SERVER INSTALLATION/REMOVAL
REQUEST FORM**

WEST VISAYAS STATE UNIVERSITY

Form No.	WVSU-MIS-SOI-04-F01
Issue No.	1
Revision No.	1
Date of Effectivity:	July 26, 2022
Issued By:	MIS
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Control Number _____

Server Installation Server Removal Server Migration

EMPLOYEE INFORMATION

Name	:	_____	Date	:	_____
Department	:	_____	Designation	:	_____
Email	:	_____	Contact No.	:	_____

EQUIPMENT DETAILS

Server Name	:	_____	Serial No.	:	_____
Server Model	:	_____	Function	:	_____
Reason for Request	:	_____			

(To be filled by the Dean/Department Head/Unit Head/Directors and additional documents if necessary)

I recommend / reject the above request. (underline the appropriate decision either to recommend or to reject)

Approved by:

(Dean/Director/Department Head/Unit Head)

To be filled by MIS staff

Action to be taken: _____ Approval of MIS Head/Network Administrator

Approved Disapproved

(Signature over printed name, Date)

Action Taken By

Service Acknowledgement

Date Received	:	_____
Date Completed	:	_____
IP Address	:	_____
Server Status	:	_____

End-user:

Signature:

Date & Time:

Remarks:

(Signature over printed name, Date)

Guidelines:

- Request form must be submitted to MIS Office at least 1 week before the event.
- MIS has the right to reject the request.

MIS Network Service Desk

Tel: 033 320 0870-77 local 1163

Email: networktech@wvsu.edu.ph