



FORM	Form No.	WVSU-MIS-SOI-07-F01
	Revision No.	0
WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	August 22, 2017
	Issued By:	MIS
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SERVER INSTALLATION/REMOVAL REQUEST FORM

Document Number	
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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
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

(Signature over printed name, Date)

Action Taken By

Service Acknowledgement

Date Received : _____ Date Completed : _____ IP Address : _____ Server Status : _____ (Signature over printed name, Date)	End-user: Signature: Date & Time: Remarks:
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Guidelines:

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