

## Information and Communication Technology Department REQUEST FOR TECHNICAL SUPPORT (ONLINE MEETING)

	Requestor/Co	ontact Information		
Date of Request	Responsibility Center	Name		
Email		Contact Number		
	Meeting	Information		
Meeting Date / Time		·		
From:		To:		
Meeting Title:				
List of Attendees				
	AUTH	ORIZATION		
REQUESTED BY:		APPROVED BY:		
INLOCUTED D		ATTROVED D		
EMPLOY	EES SIGNATURE	SUPERVISORS S	SUPERVISORS SIGNATURE	
	IMPLEN	MENTATION		
ON-LINE MEETING   ZOC WEBI MICROSOFT TEAM OTHER	EX 🗌 MS 🔲	Remarks:		
ASSISTED BY:		APPROVED / NOTED BY:		
ICTD TECHNICAL STAFF	DATE	ORSD MANAGER	DATE	

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process and retain my personal data in accordance with the PPA's Privacy Statement and for purposes specified in this form.