**IT EQUIPMENT SERVICE REQUEST FORM**

Information and Communication Technology Department

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.

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| --- | --- | --- |
| **ORSD FORM** | **Ref No.** | **SERVICE REQUEST** |
|  |  | **(To be Accomplished by Requesting Party)** |
| **RC** | **Name of Employee: *(Full name, First Name, Middle Name)*** | **Date/Time Reported** |
|  |
| **Detect/Problem** |  |
|  |
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|  |
|  |
|  |
|  |
| **Name:** | **User Signature** |  |
|  |
| **ORSD FORM 002** | **Ref No.** | **SERVICE SLIP** |  |
|  |  | **(To be Accomplished by ICTD Technical Personnel)** |  |
| **Diagnostics** | **Action Taken** |  |
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|  |
| **Parts Replaced** |  |
|  |
|  |
|  |
| **Date Received**  | **Time Received** | **User Signature** |  |
|  |



**GENERAL INSTRUCTIONS:**

1. Indicate the Responsibility Center.
2. Indicate the Name of Employee
3. Indicate the Date and time reported.
4. Fill in the Detect/Problem.
5. Indicate name and affix signature of the person who requested.

|  |  |  |  |
| --- | --- | --- | --- |
| C:\Users\jsantos\AppData\Local\Microsoft\Windows\INetCache\Content.Word\ppa_new_logo.png  | **PPA HEAD OFFICE** | Doc. Ref. Code: | PM:APC:\_\_\_:CFB:FM:01 |
| RC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Revision No.: | 01 |
|  | Date of Effectivity: | October 01, 2021 |
|  |  |  |
|  |  |  |
|   | Thank you for giving us the opportunity to better serve you. We want to improve our service, please help us by answering this short survey. |  |
|   | *Smiley face clip art thumbs up free clipart images 2https://newsaurus.files.wordpress.com/2014/10/frowny-thumbs-down.png(Maraming salamat sa pagkakataong kayo ay aming mapaglingkuran. Nais naming pagbutihin pa ang aming serbisyo, maaari po lamang pakisagot ang maiksing "survey" na ito.)* |  |   |
|   |  |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  | Yes |  |  | No |  |   |
|   |  |  | *(Oo naman!)* |  | *(Hindi)* |   |
|   |  |  |  |  | *Please mark appropriate boxes with "√".*  |  |   |
|   |  |  |  |  |  | (Markahan ang mga boxes ng inyong sagot) |   |
|   | **1. CUSTOMER EXPERIENCE**  |  |  |  |  |  |  |  |  |   |
|   |  A. Efficiency *(Kaalaman at bilis ng serbisyo)* |  |  |   |  |  |   |  |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
|   |  B. Courtesy *(Magalang at madaling pakitunguhan)* |  |  |   |  |  |   |  |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
|   | **2. DID WE SERVE YOU WELL? (COMMENTS/SUGGESTIONS)**  |  |   |  |  |   |  |   |
|   |  *Naging maayos ba ang aming serbisyo? (Komento/Suhestiyon):* |   |   |   |   |   |  |   |
|   |   |   |   |   |   |   |   |   |   |  |   |
|   |   |   |   |   |   |   |   |   |   |  |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
|   | **NAME & SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |   |   |  |   |
|   | **CONTACT NO. (required) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE/TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |   |   |  |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
|   | **DECLARATION AND DATA PRIVACY CONSENT:** |  |  |  |  |  |  |  |   |
|   | The information I have given is true, correct, and complete. I authorize the Philippine Ports Authority to collect, use,  |   |
|   | process, and retain my personal data in accordance with the Philippines Ports Authority's Privacy Statement and for  |   |
|   | purposes of collecting Customer Satisfaction Feedback. |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |   |  I agree |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
|   | Maaring ihulog sa itinakdang "SUGGESTION BOX" ang kumpletong "survey" na nasa "Security/Reception Desk" na matatagpuan sa PMO Building. MARAMING SALAMAT PO! |  |   |
|   |   |   |