

EOHHS Secretariat IT Operation Services Technical Request for IT Goods and Services

Requester must complete sections 1	through 5.	Date:		
		Equipment Move*	Email	
		Network*	Peripheral	
(Check all that apply)		Telecommunication*	Other: Equ	1
2.Office Location:			Agency Name:	
3.				
User Contact Name:			Phone:	
Unit/Office Director's Name:		Phone:		
Unit/OfficeDirector's Signature):		<u> </u>	
4. Request Statement: (Please	identify your request)			
Expected Due Date:				
5. Business Justification:				
Boston Region				
For IT Use Only				
Boston Region Boston Metro Region Central MA Region Northern Region Southern Region Western Region				
6. Customer Services Disposit	_	_		Procurement Disposition
			Referred date:	
IT-TR/GS#	Referral Date:	Referral Date:		
Date Received: Sign Off: Date: Circle One: Accepted Priorted Circle One: Accepted (Please Attach configuration				IRP Approval Date:
Circle One: Accepted Reje		ted (Attach reason))	oningulations)	Bulo
7.Completion:			cheduled Start Da	te:
Completion Date:		Actual Start Date:		
CS/Eng. Staff:		User Notified of Completion Date:		
Time spent: ½ HrHRs	User Contact Name:			

*An SCR-1 (Security Request) form will be required for all request that require security access to the network or an application that requires a password.

INSTRUCTIONS FOR TR/GS FORM COMPLETION

Technical Request for IT Goods and Services form should be completed when requesting IT goods and/or services from EOHHS Secretariat IT Operation Services.

Requester must complete sections 1 through 5.

Date: Date form is completed by requester

Section 1-Type of Request: Place a check mark next to the appropriate box(es) of request.

Choose Other for any request not listed (i.e. printer setup, overhead/LCD).

*An SCR-1 (Security Request) form is required for any request that requires security access to the network or an application that requires a password.

Section 2-Requesting Unit: Provide the Office Name and Location where work is to be completed

Section 3- Contact Names: Provide name of contact person, Unit/Office Director and phone numbers. A Director's signature is required.

Section 4-Request Statement: Provide a statement identifying your request and what is needed from Customer Services in order to address and resolve the request. Specify expected due date.

Section 5- Business Justification: Provide a statement identifying what the business need is forrequesting the service or requesting a procurement of hardware/software.