



Support Services Requests

SUPPORT SERVICE CATEGORIES:

- Computer/Printer Issues
- Internet Issues
- Telephone Issues
- Furniture Issues

DESCRIPTION OF REQUEST:

LOCATION OF PROBLEM (Building Area):

Requested by Name: _____ Tenant Organization or COAH Department: _____

Date Submitted: _____ Requested Completed Date (if urgent): _____

Contact _____ In case of questions or cost, contact phone: _____

Contact Email: _____

Please place in Shelia's (Office Coordinator) mail box.

FOR SUPPORT SERVICES STAFF USE ONLY

___ HIGH PRIORITY ___ MEDIUM PRIORITY ___ LOW PRIORITY ___ SEASONAL
(1-2 days) (1-2 weeks) (3-4 weeks)

- ___ Staff Project
- ___ Outside Contractor: _____
- ___ Skilled Volunteer Project
- ___ Non-Skilled Volunteer Project
- ___ Skilled Work Group Project
- ___ Non-Skilled Work Group Project

Materials Needed: _____

Completed By: _____ Date Completed: _____

Estimated Cost: \$ _____ Final Cost: \$ _____

Reason for Final Cost Variance (if applicable): _____

___ Email to Work Order Requestor to notify problem was fixed