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| **REQUEST DETAILS** | |
| **REQUESTING OFFICE:** | |
| **□ NEW**  **REQUIREMENTS:**  **□ POWER OUTLET**  **□ FIXED / FINAL LOCATION** | **□ RE-CABLING**  **REASON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note: Network Connectivity request is subject for queuing, depending on the manpower availability, materials and tools available, safe weather conditions and work area.**  **Acknowledged: Noted:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name and Signature Name and Signature**  **of Requesting Staff of Immediate Supervisor**  **Recommending Approval:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **OMIS Director** | |
| **ADDITIONAL DETAILS** | |
| DATE & TIME STARTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE & TIME COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ASSIGNED TECHNICIAN/S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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