Technician Request Form
Sodus Primary School

(Only ONE problem per request form)

Name: _____ Date: _____

Room Number: _____

Computer that needs attention: A_____ B _____ Other_____

Describe Problem: _____

_____

_____

When can the technician work on the problem?

- ☐ anytime
- ☐ specific time: _____

The following time is NOT good: _____

Please return to Char DeFisher, Primary Computer Lab)

Technician Report

☐ Work done on: _____ By whom: _____

☐ Problem needs follow-up on _____ at _____
(date) (time)

Type of problem: _____computer related _____printer relater _____software/OS Related

Comments: _____

_____

_____

_____