

Technician Request Form
Sodus Intermediate 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 Karen Rawden, Intermediate Computer Lab)

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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: _____
