



Standing Rock Sioux Tribe
**INFORMATION TECHNOLOGY
DEPARTMENT**

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Work Order Request Form

Employee Name: _____ **Job Title:** _____

Email Address: _____ **Phone/Ext.:** _____

Dept. & Location: _____ **Date & Time:** _____

Type of Issue:

- Error Message Email Issue Software Problem Hardware Problem
 Install Hardware Install Software Cell Phone Problem Printing Problem
 Fax Problem Phone/Shoretel Problem Network Problem/No Connection Request to Move Equipment
 Other: _____

Describe *in detail* the problem you are having:

I.T. Department Section Only:

Resolved By: _____

Date: _____

Notes: