[](http://bit.ly/32lFWw4)**IT WORK ORDER TEMPLATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IT WORK ORDER | | | | |
| **REQUESTER NAME** |  | | **PHONE** |  |
| **EMAIL** |  | | **DEPARTMENT** |  |
|  |  |  |  |  |
| **PRIORITY LEVEL** |  | | **ORDER DATE AND TIME** |  |
| **DATE PROMISED** |  | | **DATE DELIVERED** |  |
|  |  |  |  |  |
| **REQUEST OVERVIEW** | | | | |
|  | | | | |
|  |  |  |  |  |
| **ACTION REQUIRED** | | | | |
|  |  |  |  |  |
| PLACE AN "X" IN THE APPROPRIATE BOX | | | PROVIDE ADDITIONAL INFO IF NECESSARY | |
| REQUEST FOR NEW IT SYSTEM | |  |  | |
|  |  |  |  | |
| REQUEST TO MODIFY OR ENHANCE EXISTING IT SYSTEM | |  |  | |
|  |  |  |  | |
| ACCESS ISSUE | |  |  | |
|  |  |  |  | |
| TROUBLE TICKET | |  |  | |
|  |  |  |  | |
| OTHER (PLEASE DESCRIBE) | |  |  | |
|  |  |  |  |  |
| **PURPOSE** | | | | |
|  |  |  |  |  |
| PLACE AN "X" IN THE APPROPRIATE BOX | | | PROVIDE ADDITIONAL INFO IF NECESSARY | |
| PREVENT LOSS OF INCOME / INCREASED EXPENSES | |  |  | |
|  |  |  |  | |
| SAFETY REGULATORY GUIDELINES | |  |  | |
|  |  |  |  | |
| ENHANCE / MAINTAIN CURRENT SERVICE | |  |  | |
|  |  |  |  | |
| REPAIR | |  |  | |
|  |  |  |  | |
| OTHER (PLEASE DESCRIBE) | |  |  | |
|  |  |  |  |  |
| **BUSINESS NEED OR PROBLEM** | | | | |
|  | | | | |
|  |  |  |  |  |
| **WORK REQUESTED** | | | | |
|  | | | | |
|  |  |  |  |  |
| **WORK AUTHORIZED BY** |  | | **WORK COMPLETED BY** |  |

|  |
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