

|                                                                                                            |                                      |                                                                                                                         |                              |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                             | <h1>ICT SERVICE WORKSHEET [ISW]</h1> |                                                                                                                         | Document No: FRM-CM-MR-18    |
|                                                                                                            |                                      |                                                                                                                         | Revision No : 0              |
|                                                                                                            |                                      |                                                                                                                         | Effective Date : 1 June 2022 |
| <b>Pustaka Negeri:</b><br><b>State Record Repository:</b><br><b>Pustaka Miri:</b><br><b>Pustaka Sibul:</b> |                                      | <b>082-442000 Ext: 233-237</b><br><b>082-440488 Ext: 32</b><br><b>084-422525 Ext: 214</b><br><b>085-315200 Ext: 210</b> |                              |

| USER DETAILS (Must be completed by user)                              |                                              |
|-----------------------------------------------------------------------|----------------------------------------------|
| <b>USER NAME:</b> .....<br><br><b>SECTOR / DIVISION / UNIT:</b> ..... | <b>TIME:</b> .....<br><br><b>DATE:</b> ..... |

| To Be Completed by ICT Personnel (EQUIPMENT DETAILS) |                               |                                                                |
|------------------------------------------------------|-------------------------------|----------------------------------------------------------------|
| Equipment Type :                                     | ( ) SLA                       | Brief description of problem reported &/ or service requested: |
| Brand/Model :                                        | ( ) Network                   |                                                                |
| Serial / Number :                                    | ( ) Internal (PUSTAKA)        |                                                                |
| Software :                                           | ( ) Software and applications | Remarks or equipment (noticeable blemish)                      |
| *Please tick ( ✓ ) appropriate Boxes                 |                               |                                                                |

| (REMARKS)   |                                                          |                                                                               |
|-------------|----------------------------------------------------------|-------------------------------------------------------------------------------|
| TIME TAKEN: | <input type="checkbox"/> On Site / ICT in-house service* | <input type="checkbox"/> Off – Site : Equipment released to vendor for repair |
|             |                                                          |                                                                               |

| AUTHORIZATION                                                                                   |                                                                                                      |                                                                                                 |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| (MUST BE COMPLETED BY USER)                                                                     |                                                                                                      |                                                                                                 | TO BE COMPLETED BY ICT SECTOR                                                                                                      |
| <b>USER SERVICE FEEDBACK</b>                                                                    |                                                                                                      |                                                                                                 | <b>SERVICE ATTENDED BY :</b><br><br>.....<br>(Signature)<br><br><b>Name :</b><br><br><b>Date :</b>                                 |
| 1) Overall Rating of our service<br>2) Politeness & Friendliness<br>3) Competency               | <b>Excellent</b><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <b>Good</b><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                                                                                                    |
| <b>Poor</b><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                                                                                      |                                                                                                 |                                                                                                                                    |
| .....<br>( User's Signature )<br><br><b>Name :</b><br><br><b>Date :</b>                         |                                                                                                      |                                                                                                 | <b>VERIFIED BY (SUPERVISOR) :</b><br><br>.....<br>(Signature)<br><br><b>Name :</b><br><br><b>Designation:</b><br><br><b>Date :</b> |