

	<b>NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH</b>	
	<b>INFORMATION TECHNOLOGY UNIT</b>	
	<b>IT WORK REQUEST FORM</b>	
	<b>Reference Number: IT-F-001-1.0</b>	<b>Effective Date: 6<sup>th</sup> October 2023</b>

DATE: \_\_\_\_\_

REQUESTER: \_\_\_\_\_ DEPARTMENT/UNIT: \_\_\_\_\_

**CATEGORY OF ISSUE**

NETWORK       HARDWARE       SOFTWARE       ITS

OTHER  \_\_\_\_\_

**REQUEST INFORMATION**

BRIEF DESCRIPTION:

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TICK BOX IF URGENT

SIGNATURE/INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_

Forward this form to [IT@noguchi.ug.edu.gh](mailto:IT@noguchi.ug.edu.gh)

**OFFICIAL USE**

Personnel detail to address issue: \_\_\_\_\_

Resource required: \_\_\_\_\_

Head of IT sign/ Initial: \_\_\_\_\_

Date: \_\_\_\_\_

#Send form back to requester if required