



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form

Ref No.: TUM/Form/ICT/001

Title: JOB CARD

Department: ICT SERVICES

Issue No. 1

Revision No. 1

Date: 10th March 2017

SECTION ONE (TO BE COMPLETED BY THE APPLICANT)

Name: _____ **Staff No:** _____

Position: _____ **Department:** _____

Mobile Number: _____ **Work Extension:** _____

DESCRIPTION OF ISSUE:

SECTION TWO (To be completed by ICTS Technician)

Name: _____ **Staff No:** _____

TECHNICAL DESCRIPTION OF ISSUE:

SOLUTION / RECOMMENDATION:

SECTION THREE (TO BE COMPLETED BY USER THAT REQUESTED FOR SERVICE)

I certify that the job has been carried out;

- I. Satisfactorily
- II. Unsatisfactorily
- III. Escalated to H.O.D

Dates: ____/____/____

Signature: _____

SECTION FOUR (To be completed by Section Head/Director ICTS)

Issue Closed by: _____ **Dates:** ____/____/____ **Signature:** _____

