



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form

Ref No.: TUM/Form/ICT/001

Title: JOB CARD

Department: ICT SERVICES

Issue No. 2

Revision No. 0

Date: 5th April 2018

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: \_\_\_\_\_

