

KARUK TRIBE OF CALIFORNIA

INFORMATION TECHNOLOGY WORK ORDER

NAME		DEPARTMENT	
PHONE #/EXT.		CITY	
EMAIL		DATE OF REQUEST	
		URGENCY	
		[LOW/MEDIUM/HIGH/EMERGENCY]	

WORK REQUESTED:

DETAILS:

Include 1) Reason for Request, 2)Desired Completion Date, and 3) Impact if Not Completed:

Indicate funding code to charge costs associated with this work order to (if known):

Funding Authorization:

Signature of Authorized Employee/Date

KEY TO URGENCY LEVELS:

Low=When Time Allows
Medium=Within One Week
High=Same Day
Emergency=Right Now/Same Day



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