PMO SOCSARGEN REQUEST FOR IT ASSISTANCE (RITA) FORM

| NAME OF REQUESTING PARTY | | Responsibility Center | Date | | | Time |
|--|--|-----------------------|----------|------------|-----------|----------------|
| | | | | | | |
| PROBLEM / ISSUE / CONCERN | | FOR SITE ADMIN USE | | | | |
| | | Diagnosis | STATUS | | | |
| | | | Resolved | Unresolved | Date/Time | ACTION/S TAKEN |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| CONFORME :Signature of Requesting Party | | | | | | |
| REMARKS / RECOMMENDATION/S (For issues requiring further intervention/s) | | | | | | |