

Work Request Form

The Center for Teaching and Learning will consider the request based on the information provided below. Complete and seek approval before any work can be started. Please print and use detail.

Note: CTL is not held responsible for any files lost. The requester must have a back up copy.

First Name: _____ Last Name: _____
Department: _____ Work Phone #: _____
Home Phone #: _____ E-mail: _____

1) Description of the work requested: _____

2) How will this project be used in the classroom or field? _____

3) Documenting an Event? If not, move to question four.

Name of the Event: _____

Date of Event: _____ Hour the event starts : _____ and ends: _____

Will you need a person from CTL to record the event? Yes No If not, who is responsible for the equipment checkout? The name above Some else

First Name: _____ Last Name: _____

Department: _____ Work Phone #: _____

Date and time the equipment will be returned. _____

4) If video manipulation is your request, choose one. If not, move to question five.

VHS to DV DV to VHS DV to AVI File 8mm to VHS 8mm to DV

Number tapes: _____ What is the length of your tape? _____

5) Printing a file is what you need, if not, move to question six.

Printing: B&W Color Back-to-Back: Yes No

Number of Pages: _____ Number of Copies: _____

(Note: Donations are welcome, Color prints 25¢ and Black & White prints 10¢ per page.)

6) Choose one that best describes your project:

Blackboard Brochures CD Burning Certificates Flyer
 Form Front Page Image Manipulation Bubble Scanning PowerPoint
 Spreadsheet Transparency Word Other _____

Note: Depending on your request, it could take up to four weeks to complete.

Attachments:

Signature: _____ Date: _____ Yes No

Office Use Only

Work Assign to: _____

Work Started: _____ Work to be Completed: _____ Work Completed: _____