

Autauga County Career Technology Center



Work Ticket Number

TECHNOLOGY REPAIR FORM

*****LIST ONLY 1 REPAIR PROBLEM PER FORM/AREA*****

Instructor or Staff Name (Please Print): _____

Classroom #/Building Location (LETTER and ROOM NUMBER): _____

Time & Date Submitted: ____ : ____ / ____ / ____ Time & Date Completed: ____ : ____ / ____ / ____

What type of device are you having a problem with? (*Circle one below that applies to this work order*)

Chromebook iPad Laptop Printer IP Phone Digital Multimedia Monitor/TV

Model #: _____

Serial #: _____

Location of item needing repair (be specific-i.e. front left corner next to board) _____

Details of Problem(s): _____

Listed below are items that are needed if this is a computer, laptop, IP copier, IP phone, or device problem:

Computer Name: _____ IP Address: _____

Signature/Printed name of instructor or staff:

Signature of Technology Staff who worked on and completed the project:

