Pickens County Board of Education
Technology Department
Work Order

Name of School_____

Date: _____

Teacher Name: _____

Planning Time: _____

Building/Room No.: _____

Routine Work Request: ☐ Yes ☐ No

Emergency (Network Completely Down Only) ☐ Yes ☐ No

Select Type of Work Order Requested

☐ Login Problem ☐ Write To Read Lab ☐ Printer ☐ Network

☐ Distance Learning ☐ Computer Lab ☐ Software ☐ Hardware

Select PC Type: Dell _____

Please List Errors or Other Information

_____

_____

Work orders will be processed in the order in which they are received. There will be a twenty-four hour response time for software problems. There will be a three day turn around time for hardware problems.

NO WORK WILL BE DONE WITHOUT A WORK ORDER ON FILE.