



**REQUEST FORM FOR SERVICES**  
College of Dentistry - Information Technology

Admin Assts. ☎ 4299999 x 95772 Fax ☎ 8011111 x 14010 Mail Code ✉ 1243 E-mail 📧 cod-help@ksau-hs.edu.sa P.O. Box 📦 22490, Riyadh 11426

**EMPLOYEE INFORMATION**

REQUESTED BY:	BADGE NO.:
POSITION / JOB TITLE:	DATE:
DEPARTMENT:	TEL. NO:

DESCRIPTION OF SERVICE(S)	JUSTIFICATION	DATE NEEDED

REQUESTOR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**DEPARTMENT LEVEL APPROVAL ( IMMEDIATE SUPERVISOR )**

_____	_____	_____	_____
NAME & SIGNATURE	POSITION / JOB TITLE	BADGE NO.	DATE

**FOR COD - INFORMATION TECHNOLOGY USE ONLY**

**COD - IT SERVICES APPROVAL**

APPROVED       DISAPPROVED

COMMENTS:

_____	_____	_____	_____
ENGR. AMIN AL AWAD	IT MANAGER	18372	
NAME & SIGNATURE	POSITION / JOB TITLE	BADGE NO.	DATE

**REQUEST STATUS**

COMPLETED BY: _____	SIGNATURE: _____	BN: _____	DATE: _____
COMMENTS:			