



FORMULIR PERMINTAAN LAYANAN

[Empty box for stamp or reference]

ITD-01/FRM-01/REV-00

No. Ticket
Ticket Number

[Grid for ticket number]

NIM/NIK
Student/Employee Number

[Grid for NIM/NIK]

Baru Penggantian Kehilangan
New Replace Lost

Waktu Bergabung
Join since (MM,YY)

[Grid for join date]

**Pelayanan
** Service Valid (MM,YY)

[Grid for service valid]

**Masa Kadaluarsa
** Expired (MM,YY)

[Grid for expired date]

Nama Lengkap
Full Name (Max 20 Char)

[Grid for full name]

Layanan
Services

Smart Card
Smart Card

WiFi
WiFi

Office365
Office365

Mahasiswa
Student

S1
S1

S2
S2

S3
S3

UPHC
UPHC

Lainnya _____
Others

Karyawan
Employee

Dosen
Lecturer

Staf
Staff

YPPH
YPPH

Lainnya _____
Others

Fakultas/Unit
Faculty/Unit

[Line for faculty/unit]

*No. Handphone
*Phone Number (if required)

[Grid for phone number]

*Email
*Email

[Line for email]

**Tahap Smart Card
**Smart Card Steps

Pengembalian Smart Card (Khusus Penggantian)
Return of the Smart Card (Replacement)

Pembayaran Smart Card (e-Money)
Payment Fee of the smart card (e-Money)

Validasi Identitas
Identity validation (Smart Card)

Sesi Foto
Photo Session

Catatan:
Remarks

[Line for remarks]

*(Dibutuhkan untuk permintaan Email atau WiFi dan, jika ada perubahan data/Required for Email or WiFi request and, if any changing data)
**(Diisi oleh Service Desk/Filled by Service Desk)

Dengan menandatangani form ini, anda menyatakan telah mendapatkan layanan dan menyetujui ITD Policy.
By signing this form, you stated that you received the service and agree with the ITD policy.

Diajukan oleh,
Requested by,

Diterima oleh,
Received by,

Dibuat oleh,
Created by,

(Name & Date)

(Name & Date)

(Name & Date)

[Large empty box for stamp and signature]

Cap dan tandatangan dari ADAK (mahasiswa)/HRD (Karyawan)
Stamp and Signature of ADAK (student)/HRD (Staff/Lecturer)

Simpan slip ini untuk ditukarkan dengan Smart Card yang baru

Bukti Penerimaan
Receiving Form

[Empty box for receiving form]

NIM/NIK : _____
Student/Employee Number

Nama Lengkap : _____
Full Name

Fakultas/Unit : _____
Faculty/Unit

Tanggal Pengumpulan : _____
Date of Submit

_____, _____ 20__

(Service Desk Name & Date)