



**Office of Information Technology
Quality Assurance Form**

Work Order Number: _____

Requestor: _____

Building/Room: _____

Description of work performed:

Staff:
<input type="checkbox"/> Ray Adams
<input type="checkbox"/> Jan Borel
<input type="checkbox"/> Jim Evans
<input type="checkbox"/> Onnie Puckett
<input type="checkbox"/> Rene Salinas
<input type="checkbox"/> Moises Hernandez
<input type="checkbox"/> Wanda Wilburn
<input type="checkbox"/> Walter McCandless
<input type="checkbox"/> Julian Davis
<input type="checkbox"/> Kenny Flock
<input type="checkbox"/> Other

Requestor – Please select one of the following to describe the quality of work performed.
<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
Comments:

Return to the Office of Information Technology TV1-106