KING SAUD BIN ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES
COLLEGE OF MEDICINE

IT Services

Assigned Equipments Form

1. EMPLOYEE INFORMATION	
REQUESTER NAME:	DATE:
POSITION / JOB TITLE:	BADGE NO:
DEPARTMENT:	TEL:

2. ASSIGNED EQUIPMENTS INFORMATION			
CPU	MODEL:	SERIAL NO:	ITS NO:
MONITOR	MODEL:	SERIAL NO:	ITS NO:
PRINTER	MODEL:	SERIAL NO:	ITS NO:
LAPTOP	MODEL:	SERIAL NO:	ITS NO:
	COMPUTER ACCESSORIES		
REMOVABLE MEDIA (H.D)	MODEL:	SERIAL NO:	ITS NO:
USB FLASH MEMORY	MODEL:	SERIAL NO:	ITS NO:
	NETWORK ACCESSORIES		
KVM SWITCH	MODEL:	SERIAL NO:	ITS NO:
8 PORTS SWITCH	MODEL:	SERIAL NO:	ITS NO:
	Other EQUIPMENTS (CPU/MONITOR/SERVER/LAPTOP).. etc		

3. LICENSED SOFTWARES

3. AUTHORIZATION			
MANAGER:	SIGNATURE	BADGE NO:	DATE:

4. APPROVAL			
☐ Approved ☐ Disapproved	Comments:		
Name: *Ali Al Hadwer*	Title: *IT Manager*	Signature:	Date:

☛ **NOTE: PLEASE RETURN THE FILLED FORM WITH A PHOTOCOPY OF YOUR BADGE TO THE INFORMATION SERVICES OFFICE**
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE HELPDESK EMAIL helpdesk@ksau-hs.edu.sa PHONE EXTENSION 41036