Title	**: SERVER INSTALLATION/REMOVAL FORM**
Ref. No.	**: ITD/SD/09**
Version No:	**: 02**
Revision No	**: 01**
Effective Date	**: 06/10/2026**

SERVER INSTALLATION/REMOVAL FORM

PART 1: (to be filled by the person who made the request)

☐ SERVER INSTALLATION ☐ SERVER REMOVAL DATE: _____

REQUESTER INFORMATION

NAME: _____ DESIGNATION: _____

KULLIYYAH / DIVISION / CENTRE/OFFICE: STAFF ID : _____ EXT: _____

_____ EMAIL : _____

EQUIPMENT DETAILS

SERVER NAME: _____ SERIAL NO: _____

SERVER MODEL: _____ ITD TAG: _____

SERVER FUNCTION: _____

REASONS FOR REQUEST: _____

SERVER ADMINISTRATOR DETAILS

NAME : _____ EMAIL : _____

EXT : _____ MOBILE NO: _____

RECOMMENDATION

I recommend the above request.

_____

(Dean//Director/Head of Section) (OFFICIAL STAMP & DATE)

Part 2: For DCCM use only (To be filled by Officer in charge)

DATE RECEIVED: _____ DATE COMPLETED: _____

STATUS : ☐ Approved ☐ Not Approved IP ADDRESS: _____ / _____

SERVER RACK NO: _____ SWITCH PORT NO: _____ FACEPLATE NO: _____

ACTION TAKEN BY: _____

SIGNATURE & STAMP:

Notes:

1. Request form must be submitted to ITD Servicedesk at least 3 working days before the installation date
2. ITD has the right to reject the request (if necessary)