



**Information and Communication Technology Department
REQUEST FOR TECHNICAL SUPPORT (ONLINE MEETING)**

Requestor/Contact Information	
Date of Request	Responsibility Center
Name	Contact Number
Email	Contact Number
Meeting Information	
Meeting Date / Time	
From:	To:
Meeting Title:	
List of Attendees	
AUTHORIZATION	
REQUESTED BY:	APPROVED BY:
EMPLOYEES SIGNATURE	SUPERVISORS SIGNATURE
IMPLEMENTATION	
ON-LINE MEETING PLATFORM TO BE USED:	Remarks:
ZOOM <input type="checkbox"/>	
WEBEX <input type="checkbox"/>	
MICROSOFT TEAMS <input type="checkbox"/>	
OTHERS <input type="checkbox"/>	
ASSISTED BY:	APPROVED / NOTED BY:
ICTD TECHNICAL STAFF	ORSD MANAGER
DATE	DATE

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process and retain my personal data in accordance with the PPA's Privacy Statement and for purposes specified in this form.