ITR-011 - REQUISITION – SPECIFIC SOFTWARE

EMPLOYEE DETAILS

Rank/ Name:_____   Designation:_____

Business Unit/ Pillar:_____   Region (North/ Center/ South):_____

Department:_____   Usage: <u>BF OFFICIAL</u>

Contact: Mobile:_____

Email Address:_____   User's Signatures:_____

SOFTWARE DETAILS

Required Software:_____

_____

Purpose/ Justification:_____

_____

LINE MANAGER

Rank/ Name: _____

Designation: _____

Software Recommended/ Not Recommended   Manager's Signatures:_____

HEAD OF THE DEPARTMENT

Rank/ Name: _____

Designation:_____

Software Approved/ Not Approved   HoD's Signatures:_____

IT DEPARTMENT

Requisition Received On:_____

Software Installed On:_____   IT Staff Signatures:_____

Manager(IT) Remarks:_____   Manager(IT) Signatures:_____

Check-Off List:
- Conveyed to the Employee.
- Master Data Updated (Excel File).
- Copy of "ITP-015 - Policy – BF Local Apps - Specific Software" shared with the User.