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| **SOLICITUD DE SERVICIOS INSTITUCIONALES**  **Estimado Cliente:** para poder brindarle el servicio que solicita, favor suministrar todos los datos que a continuación se detallan:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Nombre del Jefe que autoriza el servicio:** | | | Cristhian Garita Fonseca | | | |  | | | | | | | **Nombre de Cliente:** | German Bolaños Redondo | | | **Cédula:** | 1-0940-0867 | |  | | | | | | | **Gerencia:** | Gerencia Telecomunicaciones | | | **Edificio:** |  | |  | | | | | | | **División:** | Gerencia Transformación Tecnológica | | | **Piso:** | Elija un elemento. | |  | | | | | | | **Dependencia:** | Soluciones Tecnológicas | | | **Ala:** | Elija un elemento. | |  | | | | | | | **Provincia:** | San José | | | **Puerta:** |  | |  | | | | | | | **Cantón:** | San José | | | **Ubicación detallada:** |  | |  | | | | | | | **Teléfono:** | 20012085 | | | **Fax:** |  | |  | | | | | | | **Tipo de planilla:** | **Fijo:** |  | | **Ocasional-Practicante:** |  |   **Nota: si la cuenta es para un un trabajador ocasional o para practicante, además de los datos anteriores favor completar lo siguiente:**   |  |  |  |  | | --- | --- | --- | --- | | **Nombre completo del responsable ICE:** | Yesenia Chavarría Martínez | **Cédula:** | 113430750 | | **Fecha de expiración (dd/mm/aaaa):** | 30/06/2022 |   **SERVICIOS A SOLICITAR (\*\*Marque o llene solamente los que necesita\*\*)**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1. USUARIO DE RED:** |  | | | **BUZON DE CORREO:** | | | | |  | | | | |  | | | | | | | | | | | | | | **DOMINIO** (Escoja solo uno) | | Icetel: |  | | | Sabana: | | | |  | | | |  | | | | | | | | | | | | | | **2. DIRECCIÓN IP:** (Proporcione una dirección IP de algún equipo que esté conectado a la red en el lugar actual donde será conectado el equipo.) | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | **3. CONFIGURACIÓN DE EQUIPO:** (Esta opción es solamente si requiere que un técnico le configure el equipo.) | | | | | **SI** | |  | | | | **NO** |  | |  | | | | | | | | | | | | | | **Indicar qué otras aplicaciones requiere instalar(WINDOWS, OFFICE,SIMO, GITEL, SACE, ARQUIAF, ETC):** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Comentarios:** (Anote aquí información adicional) | | | | | | | | | | | | | | Favor migrar el usuario a Office 365. | | | | | | | | | | | | | |  | | | | | | | | | | | | | |