

**ADMINISTRATIVE SUPPORT GROUP
WORK REQUEST**

Customer Information

Name: Class: Phone:	Date In: Due Date: Charge No.: No. of Pages:	Select one: ⁽¹⁾ Hold Originals Destroy Originals
Email:		

Work Request Details

Select one: Initial typing Revision OCR/Scan Artwork Transfer/Cleanup Xerox Web Other	Instructions:
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Requestor will be notified when work is complete

OFFICE USE ONLY

Operator: File Name:	Date to Operator: Date Completed:
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Requestor Signature: _____

Date: _____

1. PAPER AND E-FILE ORIGINALS WILL ONLY BE HELD UPON REQUEST AND FOR A MAXIMUM OF 30 DAYS.
2. BY SIGNING THIS FORM, I ACCEPT FULL RESPONSIBILITY FOR FILE INTEGRITY AND DISK SAFEKEEPING. I UNDERSTAND THAT ASG WILL NOT MAINTAIN ANY OTHER COPY OF THIS FILE