IT/AV STANDBY SUPPORT REQUEST FORM

Part 1 – For Requestor

Name of Requestor: ___________________________  Email: ___________________________

School / Dept.: ___________________________  Telephone No.: ___________________________

Schedule of Charges

The standby support rate for Weekday (excluding Public Holiday): $21.40 per hour ($20 per hour before GST).
The standby support rate for Weekend / Public Holiday: $25.68 per hour ($24 per hour before GST).

General Conditions

1. Standby support should at least be 4 hours.
2. Standby support does not include any service not pertaining to IT/AV request.
3. Standby hours from 9.00am till 1.00pm, 1.30pm to 5.30pm and 6pm to 10pm including setup time.
4. Standby hours from 9.00am till 5.30pm or 1.30pm to 10.00pm or 9.00am till 10.00pm exclude one hour each for lunch and/or dinner breaks, which will not be chargeable.
5. Request exceeding the standard four hours will be charged on hourly basis or part thereof.
6. Request for standby support should at least be made 7 days in advance.
7. Provision of standby support is subject to availability.
8. A written reply will be sent to the requestor upon confirmation.
9. A written notice is required for any cancellation of standby support.
10. A late penalty charge of $21.40 ($20 before GST) would be imposed for any cancellation less than 7 days in advance.

Date of Event: ____________  Venue of Event: ___________________________

Booking Reference No: ____________  Time of Booking ____________ to ____________

Standby Support Time: ____________ to ____________  Rate (Weekday or Weekend/PH): ____________

I certify that the above information is correct, and I have read and will fully comply with the above general conditions governing the request of IT/AV standby support provided. Any cancellations, please kindly write in to onec@ntu.edu.sg.

________________________________
Name of Requestor / Signature / Date

Part 2 – For Official Use

Job Number: ___________________________

Approving Supervisor

Name: ___________________________  Signature/Date: ___________________________

Approving Officer

Name: ___________________________  Signature/Date: ___________________________