

LIBERAL ARTS INSTRUCTIONAL TECHNOLOGY SERVICES
DEVELOPMENT LAB FORM

to be filled out by staff or STA in the LAITS Development Lab

NAME: _____

DEPARTMENT: _____

CONTACT INFORMATION:

PHONE: _____

EMAIL: _____

CONTACT PREFERENCE (*circle one*): PHONE / EMAIL

WORK NEEDED (*please be specific*):

SPECIAL EQUIPMENT REQUIRED, if any:

DATE WORK NEEDS TO BE FINISHED: _____

REFER TO STAFF MEMBER? (*circle one*): yes / no

NAME OF STAFF MEMBER FOR REFERRAL:

document filled out by

STAFF or STA NAME: _____

STAFF or STA SIGNATURE: _____

Please keep this form in the Development Lab, Mezes 2.116