

WORK ORDER

 Warranty ADP

School Name: _____

Student Name: _____

StudentID: _____

Problem Unit Product/Model Number: _____

Problem Unit Serial Number: _____

Date Unit Received: _____

Footprint Ticket Number: _____

Problem Description:

- | | | | | | | |
|-------------------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------------|--------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> No internet connection | <input type="checkbox"/> Screen is black | <input type="checkbox"/> Frozen | <input type="checkbox"/> Not charging | <input type="checkbox"/> Mouse not working | <input type="checkbox"/> Keyboard not working | <input type="checkbox"/> Worn keys |
| <input type="checkbox"/> Line on screen | <input type="checkbox"/> Sound not working | <input type="checkbox"/> Not powering on | <input type="checkbox"/> Not booting to Windows | <input type="checkbox"/> Other: _____ | | |

What problems are you having with the laptop?

_____**ADP Claim Detail Incident Claim:** _____**Date of incident/accident:** _____**Where was the laptop when the accident occurred?**

_____**What caused the accident?**

_____**Was the laptop in the case?** Yes No **If no, please explain:** _____**What were you doing, when accident happen?**

_____**What damage are you seeing?**

- | | | | | | |
|---------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Broken hinge | <input type="checkbox"/> Screen is black | <input type="checkbox"/> Missing keys | <input type="checkbox"/> Mouse not working | <input type="checkbox"/> Screen is cracked | <input type="checkbox"/> Damaged corners |
| <input type="checkbox"/> USB port | <input type="checkbox"/> Not powering on | <input type="checkbox"/> Battery clips | <input type="checkbox"/> Other | <input type="checkbox"/> Resolution: _____ | |

Receiving Technician Name: _____**Date:** _____**Replacement Unit Serial Number:** _____**Date:** _____**CSR Name:** _____**Date:** _____**Student Name:** _____**Date:** _____**Student Signature:** _____**Date:** _____**RESOLUTION:** CSR Resolved Re-image Netsync/Onsite Netsync/Offsite Other: _____ Hardware: _____ Software: _____ Replacement Part: _____ Laptop Replaced