|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***1.İSTEKTE BULUNAN BİRİM TARAFINDAN DOLDURULACAKTIR.***   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | | | | Randevu Tarihi | : |  | |  |  |  | | | | | |  |  |  | |  |  |  | | | | | | Optik Form Sayısı | : |  | |  |  |  | | | | | |  |  |  | | İstek Tipi | : |  | Akademik |  | İdari |  | Diğer | | | | |  |  | | İstek Nedeni | : |  | Sınav |  | Diğer | | | | | | |  |  |  | | | | | | | | | | İstekte Bulunan Birim / kişi | : |  | | | | | | | | | |  |  | | E-Posta Adresleri | : |  | | | | | | | | | |  |  | | Telefon / Dahili | : |  | | | | | | | | | |  |  |  | | | | | | | | | | Formu Teslim Eden Adı Soyadı | : |  | | | | | | | | | | Not : Görevli personel yetki sahibi olmalıdır | | | | | | | | İmza | | | |
| ***2.BİLGİ İŞLEM PERSONELİ TARAFINDAN DOLDURULACAKTIR.***   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | Teslim Tarihi | : |  | |  |  |  |  | | | | Okunan Optik Sayısı | : |  |  | | | | Okunma Süresi | : |  |  | | | | Görevli Listesi | : |  |  | | | |  | | | İmza | | | |
| |  |  |  | | --- | --- | --- | | NOT | : | İş istek formunun 1.kısmındaki tüm alanlar doldurulmalıdır.  İşlemlerin kısa sürede tamamlanması için optik formlardaki doldurulması zorunlu alanların boş bırakılmamasına dikkat edilmeli ve formlar ön yüzleri aynı tarafa gelecek şekilde düzenlenmiş olmalıdır. Formların tüm sorumluluğu isteği yapan birim/kişiye aittir. Formlar teslim tarihinden itibaren en geç yedi gün içerisinde Bilgi İşlem Daire Başkanlığı’ndan alınmalıdır. Okuma işlemi tamamlanmış formların ve elde edilen verilerin güvenliğinden BİDB sorumlu tutulamaz.  İş İstek Formunu [**bilgiislem@yildiz.edu.tr**](mailto:bilgiislem@yildiz.edu.tr) adresine gönderebilirsiniz. | |