



INFORMATION TECHNOLOGY FILE/FOLDER RESTORE REQUEST

Extraview Request # _____

This form is used to request a file or folder restoration on a New Century server.

Instructions: Complete the form and submit it to the Data Center Ops by faxing to (949) 517-4294.

Requestor Information		
Last Name	First Name	Phone
Job Title/Position	Location (Site/Floor)	Department
Restore Information		
Full folder path including the server name and the file name(s) to restore. (For example, Path: fp-corp-01\my folder Filenames: accounts.xls, memo.doc)		
Path: _____		Filename(s): _____
Path: _____		Filename(s): _____
Date that the file/folder was corrupted/deleted _____/_____/_____	Date of the file/folder you wish restored (please enter a range of dates in case a specific date may not be possible) _____/_____/_____ to ____/____/_____	
Information is restored to its original directory in a folder named "Restore". If the information should be restored to a place other than the original location, enter the location below: _____		
Priority level of restore (check one):		
<input type="checkbox"/> High priority (severe/immediate impact to New Century business). Describe impact to business: _____		
<input type="checkbox"/> Medium priority (minor impact to business)		
<input type="checkbox"/> Low priority (no impact to business)		
NOTE: Most restores require that a tape be retrieved from the off-site storage facility. The fee to return tapes from off-site storage increases based on priority.		

By signing below, I indicate that I have authorization to view the information requested for restore.

Associate Name (Print):	Associate Signature	Date
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All restore requests require approval from the requestor's immediate manager/supervisor. In addition, restore requests for an Associate's e-mail, personal mail folder (pst file), or personal drive (P:), from someone other than the Associate assigned to the e-mail account/personal drive, requires approval from the Human Resources Department. Matters under investigation by the Central Investigation Group (CIG) only require the approval of a member of the CIG.

Approval		
Manager/Supervisor Name (Print):	Manager/Supervisor Signature	Date
Human Resources and CIG Use Only		
Employment status of Associate _____		
Name of Associate's manager/supervisor _____		
HR or CIG Approver Name	HR or CIG Approver Signature	Date