

IT Installation/ Repair Request Form

Record Control NO.: G-IRF-243068-1

2024-04-04

Date of Request

Apple Jane Maniacap
NAME & SIGNATURE
Prepared By:

Lisa Pantuyan
NAME & SIGNATURE
Local Supervisor/Manager

[Signature]
NAME & SIGNATURE
Japanese Department Manager

Name of User: Apple Jane ManiacapI.D No.: 0083335PC Name/No: TFX C0393Div/Dep't: T-ASSTPosition: Senior Leader

| | | | |
|-----------------------------------|--|--|--|
| Select the purpose of Application | <input type="checkbox"/> For New PC Issuance Request | <input type="checkbox"/> (For PC replacement request) <small>If you check here, attached the signed TCF-G084 form</small> | <input type="checkbox"/> System Registration and Job Request |
|-----------------------------------|--|--|--|

(Systems Registration and Job Requests)

- | | |
|--|--|
| <input type="checkbox"/> Cybozu/Garoon | <input type="checkbox"/> Wireless Network |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> LAN Cable Assembly/Installation |
| <input type="checkbox"/> Domain ID | <input type="checkbox"/> MS Teams Account |
| <input type="checkbox"/> PC Reset/Reformat | <input type="checkbox"/> Documentum/Astrux System |
| <input type="checkbox"/> SAP | <input type="checkbox"/> Toss System |
| <input checked="" type="checkbox"/> Change of PC User previous user/I.D No.: <u>maricel yangyang / 5050</u> current user/I.D No.: <u>Apple Jane Maniacap / 8335</u> | |
| <input type="checkbox"/> File Server Drive (specify) _____ (purpose) _____ | |
| <input type="checkbox"/> Transfer of PC from dep't _____ to dep't _____ | |
| <input type="checkbox"/> Software (specify) _____ (purpose) _____ | |
| <input type="checkbox"/> Others (specify) _____ | |

☐ Firewall Policy

(Select Policy Level Number)

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Select from: | 1 | 2 | 2A | 3 | 3A |

Reason for Application : _____

Policy Validity Period

Date From (yyyy/mm/dd)

Date To (yyyy/mm/dd)

Note: Do not fill-up Validity Period if Permanent

Requests Performed by: *[Signature]*

IT MEMBER

2024-04-23 9:10 am

Date and Time of Execution

Related Document: TCT-007 & TCF-G084

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|------------------|------------|--------------------------------|---|----------------------------|--|----------------------------------|------------------|
| Document No. | TCF-G022 | Ver. | 5 | TOYOFLEX CEBU CORPORATION | | | Retention Period |
| Effectivity Date | 2023-07-24 | Prepared by: RUSHKY ESTRERA | | Checked by: REY DAGATAN | | Approved by: AMADITO ORTIZANO | 2 YEARS |