

# IT Installation/ Repair Request Form

Date of Request

2023-02-22

  
SIGNATURE

Prepared By:

  
SIGNATURE

Local Supervisor/Manager

  
SIGNATURE

Japanese Department Manager

Name of User TUMULAK, QUINNIE

I.D No. 11404

PC Name/No: FUJITSU/TFXC0851

Div/Dep't: PR/ASSY/PTCA

Position: ENCODER

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 TFJ-S15-G030 form</small>	<input checked="" type="checkbox"/> System Registration and Job Request
-----------------------------------	--	--	---

## (Systems Registration and Job Requests)

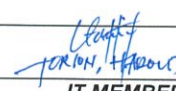
- |  |  |
|--|--|
| <input type="checkbox"/> Cybozu/Garoon   | <input type="checkbox"/> Wireless Network                |
| <input type="checkbox"/> E-Mail  | <input type="checkbox"/> LAN Cable Assembly/Installation |
| <input type="checkbox"/> Domain ID   | <input type="checkbox"/> MS Teams Account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

- ☐ Firewall Policy  
(Select Policy Level Number) ( 2A ) 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:   
IT MEMBER

1007-02-17  
Date and Time of Execution

Related Document: TCT-G007

Document No.	TCF-G022	Ver.	4	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2022-10-27	Prepared by:	Checked by:	Approved by:	2 YEARS
		REY DAGATAN	AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	