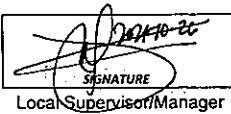



Pending need
Person.

IT Installation/ Repair Request Form

				Date of Request 2021-10-25	
				<div style="display: flex; justify-content: space-around;"><div> Local Supervisor/Manager</div><div> Japanese Department Manager</div></div>	
Name: <u>Devina A. Cortez</u>					
I.D No. <u>005040</u>					
PC Name/No: <u>TFXC0654</u>					
Div/Dep't: <u>T- Assy</u>					
<div style="text-align: center;"><input type="checkbox"/> (Entry) (For Install) <input type="checkbox"/> (Exit) (For Deletion)</div>					
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> R-Pics System</div><div style="width: 50%;"><input type="checkbox"/> Wireless Network</div><div style="width: 50%;"><input type="checkbox"/> Cybozu/Garoon</div><div style="width: 50%;"><input type="checkbox"/> LAN Cable Assembly/Installation</div><div style="width: 50%;"><input type="checkbox"/> E-Mail</div><div style="width: 50%;"><input type="checkbox"/> PC Reformat</div><div style="width: 50%;"><input type="checkbox"/> Active Directory</div><div style="width: 50%;"><input type="checkbox"/> Documentum/Astrux System</div><div style="width: 50%;"><input type="checkbox"/> Siam System</div><div style="width: 50%;"><input type="checkbox"/> Toss System</div><div style="width: 50%;"><input type="checkbox"/> Data Surfing</div><div style="width: 50%;"><input type="checkbox"/> SAP</div><div style="width: 50%;"><input type="checkbox"/> Change of PC User previous user/I.D No.: _____ current user/I.D No.: _____</div><div style="width: 50%;"><input type="checkbox"/> File Server Drive (specify) _____ (purpose) _____</div><div style="width: 50%;"><input type="checkbox"/> Transfer of PC from dep't _____ to dep't _____</div><div style="width: 50%;"><input type="checkbox"/> Software (specify) _____ (purpose) _____</div><div style="width: 50%;"><input checked="" type="checkbox"/> Others (specify) <u>Competence Record, MS TEAM (TEAM)</u></div><div style="width: 50%;"><input type="checkbox"/> Firewall Policy (Select Policy Level Number) () Select from 1, 2, 3, 4</div></div>					
Reason for Application _____					
Policy Validity Period Date From (yyyy/mm/dd) Date To (yyyy/mm/dd)					
<small>Note: Do not fill-up Validity Period if Permanent</small>					
Requests Performed by: <u>IT MEMBER</u> Date and Time of Execution <u>2021-10-25</u>					
Document No.	TCF-G022	Ver.	3	TOYOFLEX CEBU CORPORATION	
Effectivity Date	2021-04-15	Prepared by:	Checked by:	Approved by:	Retention Period
		SUSETTE SURBANO	REY DAGATAN/AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	2 YEARS