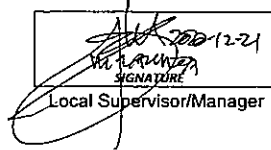
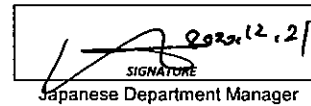


IT Installation/ Repair Request Form

Date of Request

2020-12-21

 Local Supervisor/Manager

2020-12-21

 Japanese Department Manager

Name: AILYN DELICANA
 I.D No. 5372
 PC Name/No: TFXC0157
 Div/Dep't: MECHANICAL UNIT

Type of Installation	<input type="checkbox"/> (Entry) (For Install)	<input type="checkbox"/> (Exit) (For Deletion)
<input type="checkbox"/> R-Pics System		<input type="checkbox"/> Chat App/Messenger
<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"/> Active Directory		<input type="checkbox"/> PC Reformat
<input type="checkbox"/> Siam System		<input type="checkbox"/> Documentum/Astrux System
<input type="checkbox"/> Data Surfing		<input type="checkbox"/> Toss System
<input type="checkbox"/> Change of PC User previous user/I.D No.: _____		<input type="checkbox"/> SAP current user/I.D No.: _____
<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 checked="" type="checkbox"/> Others (pls. specify) _____		_____
		USB PORT Activation

Requests Performed by:

REY DAGATAN
 IT Personnel

2020-12-21

Date

Document No.	TCF-G022	Ver.	2	Toyoflex Cebu Corporation		Retention Period
Effectivity Date	2018-03-19	Prepared by:	REY DAGATAN	Checked by:	AMADITO ORTIZANO	Approved by:
						TAKAFUMI MATSUNAGA
						2 years