

IT Installation/ Repair Request Form

Date of Request

2022-07-01

SIGNATURE
Local Supervisor/Manager

SIGNATURE *[Signature]*
Japanese Department Manager

Name: Archilles Nadiera

I.D No. 011800

PC Name/No: TFXC 0940

Div/Dep't: GA/Safety

Type of Installation

(Entry)
(For Insta

(Exit)
(For Deletion)

□ R-Pics System

☐ Cybozu/Garoon☒ E-Mail☐ Active Directory☐ Siam System☐ Data Surfing

☐ Change of PC User
previous user/I.D No.:

☐ SAP

current user/I.D No.:

☐ File Server Drive (specify)

(purpose)

☐ Transfer of PC from dep't

to dep't

☐ Software (specify)

(purpose)

☒ Others (specify) MS teams

☐ **Firewall Policy**

(Select Policy Level Number) () Select from 1, 2, 3, 4

Reason for Application new Safety Staff

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:

Ababa, ^{Ughe} Clyde

IT MEMBER

2022-08-25 11:10 AM

Date and Time of Execution

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		SUSETTE SURBANO	REY DAGATAN/AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	