

IT Installation/ Repair Request Form

Date of Request

2022-11-11

Geraine Dime
GERAINE DIME
SIGNATURE

Prepared By:

Dennis Raynaldo Bernales
DENNIS RAYNALDO BERNALES
SIGNATURE

Local Supervisor/Manager

Kisumi Takuchi
KISUMI TAKUCHI
SIGNATURE

Japanese Department Manager

Name of User ARLAN ALONSABE

I.D No. 11900

PC Name/No: TFXC0938

Div/Dep't: QA

Position: QA SECTION MANAGER

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
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(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 type="checkbox"/> Change of PC User
previous user/I.D No.: _____ current user/I.D No.: _____ | |
| <input checked="" type="checkbox"/> File Server Drive
(specify) _____ | CAIDS SERVER-Read-only except for
CAIDS / CAST CHECKSHEET- Full Control (purpose) to access the CAST System |
| <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) (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: *Reol James Dorexit*
IT MEMBER Date and Time of Execution *2022-11-19 11-49 Am*

Related Document: TCT-G007

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