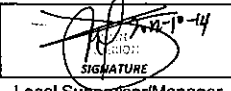



# IT Installation/ Repair Request Form

Date of Request _____	
 Local Supervisor/Manager	 Japanese Department Manager
Name: <u>Lisa G. Bertalan</u> I.D No. <u>005319</u> PC Name/No.: <u>TFXC0349</u> Div/Dep't: <u>T-ABS</u>	
Type of Installation <span style="margin-left: 100px;"><input checked="" type="checkbox"/> (Entry) (For Install)</span> <span style="margin-left: 50px;"><input type="checkbox"/> (Exit) (For Deletion)</span>	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> R-Pics System  <input type="checkbox"/> Cybozu/Garoon  <input type="checkbox"/> E-Mail  <input type="checkbox"/> Active Directory  <input type="checkbox"/> Siam System  <input type="checkbox"/> Data Surfing  <input type="checkbox"/> Change of PC User                          previous user/I.D No.: _____ 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 type="checkbox"/> Others (specify) _____                 </div> <div style="width: 50%;"> <input type="checkbox"/> Wireless Network  <input type="checkbox"/> LAN Cable Assembly/Installation  <input type="checkbox"/> PC Reformat  <input type="checkbox"/> Documentum/Astrux System  <input type="checkbox"/> Toss System  <input type="checkbox"/> SAP                 </div> </div>	
<input checked="" type="checkbox"/> Firewall Policy (Select Policy Level Number) (✓) Select from 1, 2, 3, 4 <u>4</u>	
Reason for Application <u>For Product Drawing checking</u> <u>• For Product Specification Confirmation</u>	
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>SUSETTE SURBANO</u> <u>IT MEMBER</u> <u>Nov-10-18</u> Date and Time of Execution	

Document No.	TCF-G022	Ver.	3	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2021-04-15	Prepared by:	Checked by:	Approved by:	2 YEARS
		SUSETTE SURBANO	REY DAGATAN/AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	