

IT Installation/ Repair Request Form

Date of Request
2022-08-25


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Lui Restauo
SIGNATURE
Local Supervisor/Manager


Hiroya Hamaguchi
SIGNATURE
Japanese Department Manager

Name: Janica Booc
I.D No. 11841
PC Name/No: TFXC 0983
Div/Dep't: QA

Type of Installation

☒ (Entry)
(For Install) ☐ (Exit)
(For Deletion)

☐ R-Pics System

☐ Cybozu/Garoon

☒ E-Mail

m-qa.qa5.ph@toyoflex.com

☐ Active Directory

☐ Siam System

☐ Data Surfing

☐ Change of PC User

previous user/I.D No.:

current user/I.D No.:

☒ File Server Drive

(specify)

Medical Factory

Medical Group

(purpose)

View important files necessary for QA/QA related documents

☐ Transfer of PC

from dep't

to dep't

☒ Software

(specify)

MS Office Tools

(purpose)

☒ Others

(specify)

MS Teams

☒ Firewall Policy

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

Reason for Application Newly hired QA Worker

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:

Clyde Rababa
IT MEMBER

22-11-23 9:00 am

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		