

IT Installation/ Repair Request Form

Date of Request

2021-06-25

Amadito Ortizano
SIGNATURE
Local Supervisor/Manager

2021 06 25
Mr. Takafumi Matsunaga
SIGNATURE
Japanese Department Manager

Name: Jaclyn Anne Anista

I.D No. 007999

PC Name/No: _____

Div/Dep't: Nurse - group

Type of Installation

☒ (Entry)
(For Install) ☐ (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.: _____ current user/I.D No.: _____
- ☐ File Server Drive
(specify) _____ (purpose) _____
- ☐ Transfer of PC
from dep't _____ to dep't _____
- ☐ Software
(specify) _____ (purpose) _____
- ☐ Others (specify) email for 3 clinics C factory 1, 2 & 3
- ☐ Firewall Policy
(Select Policy Level Number) (3) Select from 1, 2, 3, 4

Reason for Application earlier dissemination of information

for factory

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: Reg Dagatan

IT MEMBER

2021-06-30 11:00 AM
Date and Time of Execution

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		Approved by:	TAKAFUMI MATSUNAGA		2 YEARS