IT Installation/ Repair Request Form

				Date of Request		
				2022-10-17		
					2024	/2/2
						~
				SIGNATURE Local Supervisor/Mana		epartment Manager
				Local Supervisor/Maria	igei Japanese Di	epartment Manager
Name:	Glenn Ray Ruben					
I.D No.	11428					
PC Name/No:	p: TFXC0866					
Div/Dep't:	PR/PS					
ым дер к.	FIVES					
Type of Installation (Entry) (Exit)						
		(For Insta	II) (For Delet	ion)		
	R-Pics System					
	Cybozu/Garoon					
	E-Mail				llation	
	Active Directory PC Reformat					
	Siam System □ Documentum/Astrux System				m	
	Data Surfing ☐ Toss System					
	Change of PC User			□ S	\ P	
	previous user/I.D	No.:		current u	ser/I.D No.:	
	File Server Drive					
	(spec	cify)		(purpos	se)	
	Transfer of PC					
	from (dep't		to dep	't	
	Software	sife () NA	C Taama	(
	(spec	538 10000	S Teams	(purpos	(Se) To communicate with immediat	e head & other sections
	Others (spec	cify)				
☐ Firewall Policy						
	(Select Policy Level Number) () Select from 1, 2, 3, 4 Reason for Application					
Policy Validity Period Date From (yyyy/mm/dd)					Date To (yyyy/mm/c	ld)
Note: Do not fill-up Validity Period If Permanent						
and the state of t						
Requests Performed by:						
IT MEMBER Date and Time of Execution						
	T					
Document No.	TCF-G022	Ver.	3	TOYOFLEX CEBU CC		Retention Period
Effectivity Date	2021-04-15	Prepared by		ecked by: App	roved by: TAKAFUMI MATSUNAGA	2 YEARS