


IT Installation/ Repair Request Form

Date of Request
2022-08-19


SIGNATURE
Local Supervisor/Manager


SIGNATURE
Japanese Department Manager

Name: MIA JANINE SUMAGANG
I.D No. 011957
PC Name/No: TFXC0945
Div/Dep't: PC/INVENTORY

Type of Installation

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

☐ R-Pics System

☐ Cybozu/Garoon

☒ E-Mail mia.sumagang.ph@toyoflex.com

☐ Active Directory

☐ Siam System

☐ Data Surfing

☐ Change of PC User
previous user/I.D No.: _____

☒ Wireless Network

☐ LAN Cable Assembly/Installation

☐ PC Reformat

☐ Documentum/Astrux System

☐ Toss System

☒ SAP

current user/I.D No.: _____

☒ File Server Drive

(specify)

Medical Group/SAP SYSTEM

(purpose)

to access/save SAP files

Medical Group/Production Control

to access/save SAP files

☐ Transfer of PC

from dep't _____

to dep't _____

☒ Software

(specify)

MALSY

(purpose)

☒ Others

(specify)

DocuPrintP505 (172.16.132.240), and MS TEAMS

☒ Firewall Policy

(Select Policy Level Number) (2)

Select from 1, 2, 3, 4

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:

ARIZ CLARON
IT MEMBER

2022-09-07 3:40 PM
Date and Time of Execution

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Effectivity Date	2021-04-15	Prepared by:	SUSETTE SURBANO	Checked by:	REY DAGATAN/AMADITO ORTIZANO	Approved by:
					TAKAFUMI MATSUNAGA	2 YEARS