

IT Installation/ Repair Request Form

Record Control NO. :

2023-11-06

Date of Request

2023-11-06
ROSELYN SOTES
NAME & SIGNATURE

Prepared By:

NAME & SIGNATURE

Local Supervisor/Manager

NAME & SIGNATURE

Japanese Department Manager

Name of User: ROSELYN SOTES

I.D No.: 10995

PC Name/No: TFXC0595

Div/Dep't: QA/QC T-assy

Position: QA staff

| | | | |
|-----------------------------------|--|--|--|
| Select the purpose of Application | <input type="checkbox"/> For New PC Issuance Request | <input type="checkbox"/> (For PC replacement request) <small>If you check here, attached the signed TCF-G084 form</small> | <input type="checkbox"/> System Registration and Job Request |
|-----------------------------------|--|--|--|

(Systems Registration and Job Requests)

- | | |
|--|--|
| <input type="checkbox"/> Cybozu/Garoon | <input type="checkbox"/> Wireless Network |
| <input checked="" type="checkbox"/> E-Mail | <input type="checkbox"/> LAN Cable Assembly/Installation |
| <input type="checkbox"/> Domain ID | <input type="checkbox"/> MS Teams Account |
| <input type="checkbox"/> PC Reset/Reformat | <input type="checkbox"/> Documentum/Astrux System |
| <input type="checkbox"/> SAP | <input type="checkbox"/> Toss System |
| <input type="checkbox"/> Change of PC User previous user/I.D No.: N/A | current user/I.D No.: N/A |
| <input type="checkbox"/> File Server Drive (specify) N/A | (purpose) N/A |
| <input type="checkbox"/> Transfer of PC from dep't N/A | to dep't N/A |
| <input type="checkbox"/> Software (specify) N/A | (purpose) N/A |
| <input checked="" type="checkbox"/> Others (specify) qa-tassy.ph@toyoflex.com | |

☐ Firewall Policy

(Select Policy Level Number)

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Select from: | 1 | 2 | 2A | 3 | 3A |

Reason for Application : Update email address based on the assigned area.

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:

REY DAGATAN

IT MEMBER

2023-11-15 9:36 AM

Date and Time of Execution

Related Document: TCF-007 & TCF-G084

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|------------------|------------|----------------|-------------|---------------------------|------------------|
| Document No. | TCF-G022 | Ver. | 5 | TOYOFLEX CEBU CORPORATION | Retention Period |
| Effectivity Date | 2023-07-24 | Prepared by: | Checked by: | Approved by: | 2 YEARS |
| | | RUSHKY ESTRERA | REY DAGATAN | AMADITO ORTIZANO | |