



# IT Installation/ Repair Request Form

<b>Date of Request</b> <u>2022-03-04</u>					
 Local Supervisor/Manager	 Japanese Department Manager				
Name: <u>Blessil Jeselle Candole</u>					
I.D No. <u>010564</u>					
PC Name/No: <u>TFXC0690</u>					
Div/Dep't: <u>T-ASSY</u>					
<b>Type of Installation</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span><input checked="" type="checkbox"/> (Entry) (For Install)</span> <span><input type="checkbox"/> (Exit) (For Deletion)</span> </div>					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> R-Pics System  <input type="checkbox"/> Cybozu/Garoon  <input checked="" type="checkbox"/> E-Mail  <input type="checkbox"/> Active Directory  <input type="checkbox"/> Siam System  <input type="checkbox"/> Data Surfing  <input type="checkbox"/> Change of PC User                          previous user/I.D No.: _____ current user/I.D No.: _____  <input type="checkbox"/> File Server Drive                          (specify) _____ (purpose) _____  <input type="checkbox"/> Transfer of PC                          from dep't _____ to dep't _____  <input type="checkbox"/> Software                          (specify) _____ (purpose) _____  <input checked="" type="checkbox"/> Others (specify) <u>QAGC and P.E. server</u>  <input type="checkbox"/> Firewall Policy                          (Select Policy Level Number) ( ) Select from 1, 2, 3, 4                 </div> <div style="width: 50%;"> <input type="checkbox"/> Wireless Network  <input type="checkbox"/> LAN Cable Assembly/Installation  <input type="checkbox"/> PC Reformat  <input type="checkbox"/> Documentum/Astrux System  <input type="checkbox"/> Toss System  <input type="checkbox"/> SAP                 </div> </div> <p style="margin-top: 10px;">Reason for Application <u>E-mail to be use in communicating DCC and all TASSY heads and also to P.E. in dealing with document concern.</u></p> <p><u>QAGC and P.E. server to be use in making and as a reference in making FPS and documentation.</u></p> <p>Policy Validity Period    Date From (yyyy/mm/dd) _____ Date To (yyyy/mm/dd) _____</p> <p style="font-size: x-small;">Note: Do not fill-up Validity Period if Permanent</p>					
Requests Performed by: <u>John P. Martinez</u> <u>IT MEMBER</u> <u>2022-03-04</u> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Date and Time of Execution</span> </div>					
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	