

# IT Installation/ Repair Request Form

Date of Request  
2019-07-06

2019-07-06  
LISA A. GODOINEZ  
SIGNATURE  
Local Supervisor/Manager

2019.7.6  
SEIJI NISHIMURA  
SIGNATURE  
Japanese Department Manager

Name: ANALYN B. RIZON  
I.D No. 008803  
PC Name/No: TFX0100  
Div/Dep't: T-ASSY

Type of Installation	<input type="checkbox"/> (Entry) (For Install)	<input type="checkbox"/> (Exit) (For Deletion)
<input type="checkbox"/> R-Pics System		<input type="checkbox"/> Chat App/Messenger
<input type="checkbox"/> Cybozu/Garoon		<input type="checkbox"/> Wireless Network
<input type="checkbox"/> E-Mail		<input type="checkbox"/> LAN Cable Assembly/Installation
<input type="checkbox"/> Active Directory		<input type="checkbox"/> PC Reformat
<input type="checkbox"/> Siam System		<input type="checkbox"/> Documentum/Astrux System
<input type="checkbox"/> Data Surfing		<input type="checkbox"/> Toss System
<input type="checkbox"/> Change of PC User previous user/I.D No.: _____		<input type="checkbox"/> SAP 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 (pls. specify) <u>ACTIVATION OF USB PORT</u> <u>PURPOSE: TO BE ABLE TO TRANSFER WORK RELATED FILES AND PICTURES</u> <u>FOR WORK PURPOSES.</u>		

Requests Performed by:

CASETE GODOINEZ  
IT Personnel

2019-07-06  
Date

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