

## IT Installation/ Repair Request Form

Record Control NO. :

2023 - 10 - 12

Date of Request

  
NAME & SIGNATURE  
Prepared By:

  
NAME & SIGNATURE  
Local Supervisor/Manager

  
NAME & SIGNATURE  
Japanese Department Manager

Name of User: GIMOROS, RANDOLF JRI.D No.: 010200PC Name/No.: TFXCO579Div/Dep't: PE - EQUIPMENTPosition: JUNIOR 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
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## (Systems Registration and Job Requests)

- |   |  |
|---|--|
| <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"/> Domain ID  | <input checked="" 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<br>previous user/I.D No.: <u>N/A</u> | current user/I.D No.: <u>N/A</u>                         |
| <input type="checkbox"/> File Server Drive<br>(specify) <u>N/A</u>              | (purpose) <u>N/A</u>                                     |
| <input type="checkbox"/> Transfer of PC<br>from dep't <u>N/A</u>                | to dep't <u>N/A</u>                                      |
| <input type="checkbox"/> Software<br>(specify) <u>N/A</u>                       | (purpose) <u>N/A</u>                                     |
| <input type="checkbox"/> Others (specify) <u></u>                               |  |

☐ Firewall Policy

(Select Policy Level Number)

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

Reason for Application: RESEARCH FOR TECHNICAL TRAININGS  
AND OTHER TROUBLESHOOTING PROCESSES

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:

  
KNAVEN JADE PARON  
IT MEMBER

2024-10-26

Date and Time of Execution

Related Document: TCT-007 &amp; TCF-G084

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	