

IT Installation/ Repair Request Form

Date of Request

2022-03-14

2022-03-14
SIGNATURE

Local Supervisor/Manager

2022-03-14
SIGNATURE

Japanese Department Manager

Name: Cañas, Aljone B.

I.D No. 11429

PC Name/No: TFXC0865

Div/Dep't: PR/PS

Type of Installation

☒ (Entry)
(For Install)

☐ (Exit)
(For Deletion)

☐ R-Pics System

☐ Cybozu/Garoon

☒ E-Mail

☐ Active Directory

☐ Siam System

☐ Data Surfing

☐ Change of PC User

previous user/I.D No.:

current user/I.D No.:

☐ File Server Drive

(specify)

(purpose)

☐ Transfer of PC

from dep't

to dep't

☐ Software

(specify)

(purpose)

☐ Others

(specify)

☐ Firewall Policy

(Select Policy Level Number) ()

Select from 1, 2, 3, 4

Reason for Application New Employee

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:

IT MEMBER

Date and Time of Execution

Document No.	TCF-G022	Ver.	3	TOYOFLEX CEBU CORPORATION			Retention Period
Effectivity Date	2021-04-15	Prepared by: SUSETTE SURBANO		Checked by: REY DAGATAN/AMADITO ORTIZANO		Approved by: TAKAFUMI MATSUNAGA	2 YEARS