

IT Installation/ Repair Request Form

Date of Request
2023-02-03

REYNALDO REYOLLO
SIGNATURE

Prepared By:

HANS SANCHEZ
SIGNATURE

Local Supervisor/Manager

Kouji Sugimoto
SIGNATURE

Japanese Department Manager

Name of User APRIL ROSE SALGADOS

I.D No. 11985

PC Name/No: _____

Div/Dep't: WIRE ROPE STRAPPING

Position:

Select the purpose of Application	<input type="checkbox"/> For New PC Insurance Request	<input type="checkbox"/> (For PC replacement request) <small>If you check here, attached the signed TTF-JS15-0030 form</small>	<input type="checkbox"/> System Registration and Job Request
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(Systems Registration and Job Requests)

- ☐ Cybozu/Garoon ☐ Wireless Network
- ☒ E-Mail (april.salgados.ph@toyoflex.com) ☒ LAN Cable Assembly/Installation
- ☐ Domain ID ☒ MS Teams Account
- ☐ PC Reset/Reformat ☐ Documentum/Astrux System
- ☒ SAP ☐ Toss System
- ☒ Change of PC User
previous user/I.D No.: _____ current user/I.D No.: TFXC0109
- ☐ 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, 2A, 3, 3A

Reason for Application LEVEL 3 (PRODUCTION REQUESTOR)
USE FOR REQUISITION OF CONSUMABLES AND SPARE
PARTS AS REFERENCE

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: [Signature] 2023-02-07
AT MEMBER Date and Time of Execution

Related Document: TCT-G007

Document No.	TCT-G022	Ver.	4	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2022-10-27	Prepared by:	Checked by:	Approved by:	2 YEARS
		REY DAGATAN	AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	