

## IT Installation/ Repair Request Form

Record Control NO. : G-IRF-243069-1

2024-04-12

Date of Request

2024-04-12  
NAME & SIGNATURE

Prepared By:

NAME &amp; SIGNATURE

Local Supervisor/Manager

NAME &amp; SIGNATURE

Japanese Department Manager

Name of User: Jennifer Taneo

I.D No.: 11102

PC Name/No: Acer / TFXC1014

Div/Dep't: M-PRO/COIL

Position: Material Handler

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 checked="" type="checkbox"/> System Registration and Job Request
-----------------------------------	--	--	---

## (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 type="checkbox"/> MS Teams Account                |
| <input type="checkbox"/> PC Reset/Reformat   | <input type="checkbox"/> Documentum/Astrux System        |
| <input checked="" type="checkbox"/> SAP  | <input type="checkbox"/> Toss System                     |
| <input type="checkbox"/> Change of PC User<br>previous user/I.D No.: _____ current user/I.D No.: _____ |  |
| <input type="checkbox"/> File Server Drive<br>(specify) _____ (purpose) _____                          |  |
| <input type="checkbox"/> Transfer of PC<br>from dep't _____ to dep't _____                             |  |
| <input type="checkbox"/> Software<br>(specify) _____ (purpose) _____                                   |  |
| <input type="checkbox"/> Others (specify) _____  |  |

☐ Firewall Policy

(Select Policy Level Number)

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

Reason for Application : To have own access of SAP in relation to receiving and releasing of Raw Materials.

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:

ORVEINE PAUL ALMAGRO

IT MEMBER

2024 - 04 - 16

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	