


# IT Installation/ Repair Request Form

Date of Request  
2023-05-24

  
LYZA V. BEROL  
SIGNATURE  
Prepared By:

  
ARJUN ALONSADE  
SIGNATURE  
Local Supervisor/Manager

  
TAKAFUMI MATSUNAGA  
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Japanese Department Manager

Name of User MARICEL CENIBAL  
I.D No. 005755  
PC Name/No: TFXC0152  
Div/Dep't: T-ASSY

Position:

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 TFA-S15-G030 form</small>	<input checked="" 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 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.: _____ current user/I.D No.: _____  |  |
| <input checked="" type="checkbox"/> File Server Drive<br>(specify) <u>\\svt\dfs01\QAF\PI\PIIS TOYO&amp;ASAHI</u> (purpose) <u>TO ACCESS THE PISTA (Product Information)</u> |  |
| <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) ( 2A ) Select from 1, 2, 2A, 3, 3A

Reason for Application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 2023-05-24 / 4:14 PM

Related Document: TCT-G007

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