

IT Installation/ Repair Request Form

Date of Request

2022-08-01


DENNIS BERNALES
SIGNATURE
Local Supervisor/Manager


SIGNATURE
Japanese Department Manager

Name: ADRELYN MAGPARO

I.D No. 8546

PC Name/No: TFXC0573

Div/Dep't: QUALITY ASSURANCE

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) _____

☐ Wireless Network

☐ LAN Cable Assembly/Installation

☐ PC Reformat

☐ Documentum/Astrux System

☐ Toss System

☐ SAP

☒ Firewall Policy

(Select Policy Level Number) (3) Select from 1, 2, 3, 4

Reason for Application To access (cybozu translate) for translation from japanese to english external emails.

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: SUSETTE SURBANO
IT MEMBER

2022-08-08
Date and Time of Execution

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