

## IT Installation/ Repair Request Form

Record Control NO. : G-IRF-248106-1

2024-07-19

Date of Request

For LEO FORTUNO  
NAME & SIGNATURE  
Prepared By:

For E.P. CLARIDO  
NAME & SIGNATURE  
Local Supervisor/Manager

For YUJI INABA  
NAME & SIGNATURE  
Japanese Department Manager

Name of User: LEO FORTUNO

I.D No.: \_\_\_\_\_

PC Name/No: TFXC0923Div/Dep't: PE - INFRAPosition: ASSOCIATE STAFF

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 type="checkbox"/> System Registration and Job Request
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## (Systems Registration and Job Requests)

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|--|--|
| <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.: _____ |  |
| 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 checked="" type="checkbox"/> Others (specify) <u>PC SERVER FOR QUOTATION</u>                    |  |

<input type="checkbox"/> Firewall Policy (Select Policy Level Number)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2A	<input type="checkbox"/> 3	<input type="checkbox"/> 3A
Reason for Application : _____ _____ _____					
Policy Validity Period	Date From ( yyyy/mm/dd )	Date To ( yyyy/mm/dd )			
	<input type="text"/>	<input type="text"/>			
<small>Note: Do not fill-up Validity Period if Permanent</small>					

Requests Performed by:

IT MEMBER

2024-07-19  
Date and Time of Execution

Related Document: TCF-007 &amp; TCF-G084

Document No.	TCF-G022	Ver.	5	TOYOFLEX CEBU CORPORATION			Retention Period
Effectivity Date	2023-07-24	Prepared by: RUSHKY ESTRERA		Checked by: REY DAGATAN		Approved by: AMADITO ORTIZANO	2 YEARS