IT Installation/ Repair Request Form

Date of Request
2021 - 07 - 30

SIGNATURE 2021. 7.30
Local Supervisor/Manager

SIGNATURE
Japanese Department Manager

Name: ALDRIN TAGSIP

I.D No. 6551

PC Name/No: TFXC0669

Div/Dep't: QA /QC PLM

Type of Installation

☑ (Entry) (For Install) ☐ (Exit) (For Deletion)

☐ R-Pics System

☐ Cybozu/Garoon   ☐ Wireless Network

☐ E-Mail   ☐ LAN Cable Assembly/Installation

☐ Active Directory   ☐ PC Reformat

☐ Siam System   ☐ Documentum/Astrux System

☐ Data Surfing   ☐ Toss System

☐ Change of PC User   ☐ SAP
   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) USB Port   / transfer data file from Keyence to QA/QC
                                        Server (MEDICAL PARTS)
☐ *Firewall Policy*
   (Select Policy Level Number) ( )   Select from 1, 2, 3, 4

   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: _____   2021-08-02 2:00 pm
                              (IT MEMBER)   ***Date and Time of Execution***

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Effectivity Date	2021-04-15	Prepared by: SUSETTE SURBANO	Checked by: REY DAGATAN/AMADITO ORTIZANO	Approved by: TAKAFUMI MATSUNAGA		2 YEARS