

IT Installation/ Repair Request Form

Date of Request

[Signature]
M. L. L. L. L.
SIGNATURE
Local Supervisor/Manager

[Signature]
YUJINABA
SIGNATURE
Japanese Department Manager

Name: Sugar Ray Luis
I.D No. 6883
PC Name/No: TFXC0257
Div/Dep't: Mechanical Unit

Type of Installation	<input checked="" type="checkbox"/> (Entry) (For Install)	<input type="checkbox"/> (Exit) (For Deletion)
<input type="checkbox"/> R-Pics System		<input type="checkbox"/> Chat App/Messenger
<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"/> Active Directory		<input type="checkbox"/> PC Reformat
<input type="checkbox"/> Siam System		<input type="checkbox"/> Documentum/Astrux System
<input type="checkbox"/> Data Surfing		<input type="checkbox"/> Toss System
<input type="checkbox"/> Change of PC User previous user/I.D No.: _____		<input type="checkbox"/> SAP current user/I.D No.: _____
<input type="checkbox"/> File Server Drive (specify) _____		(purpose) _____
<input type="checkbox"/> Transfer of PC from dep't _____		to dep't _____
<input type="checkbox"/> Software (specify) _____		(purpose) _____
<input checked="" type="checkbox"/> Others (pls. specify) <u>Re-activate USB port</u>		

Requests Performed by:

[Signature]
IT Personnel

2020-10-24
Date

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