


IT Installation/ Repair Request Form

Date of Request

2022. 9. 20


SIGNATURE
Local Supervisor/Manager


SIGNATURE
Japanese Department Manager

Name: CHRISTINE M. LABAD
I.D No. 012013
PC Name/No: TEXCO0512E
Div/Dep't: QA - Calibration.

Type of Installation	<input 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 checked="" type="checkbox"/> Wireless Network <u>019</u>
<input checked="" type="checkbox"/> E-Mail <u>ga.calibration.ph@toyoflex.com</u>		<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 checked="" type="checkbox"/> Data Surfing		<input type="checkbox"/> Toss System
<input checked="" type="checkbox"/> Change of PC User previous user/I.D No.: <u>Legen D - 05441</u>		<input type="checkbox"/> SAP
		current user/I.D No.: <u>012013</u>
<input checked="" type="checkbox"/> File Server Drive (specify) <u>QA/QC, CMDS, ORST</u>		(purpose) <u>WORK RELATED</u>
<input type="checkbox"/> Transfer of PC from dep't _____ to dep't _____		
<input type="checkbox"/> Software (specify) _____ (purpose) _____		
<input type="checkbox"/> Others (pls. specify) _____		

Requests Performed by:


IT Personnel

2022-09-20
Date

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						TAKAFUMI MATSUNAGA
						2 years