
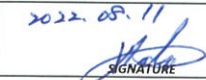


IT Installation/ Repair Request Form

Date of Request

2022-08-10


SIGNATURE
Local Supervisor/Manager


SIGNATURE
Japanese Department Manager

Name: REONICHEL NACORDA

I.D No. 011914

PC Name/No: TFXC0613

Div/Dep't: PC/PC

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.: TFXC0613\USER

current user/I.D No.: REONICHEL NACORDA/011914

☒ File Server Drive

(specify)

Medical Group/SAP SYSTEM

(purpose)

to access/save SAP files

Medical Group/Production Control

to access/save SAP files

☐ Transfer of PC

from dep't

to dep't

☒ Software

(specify)

MALSY

(purpose)

☒ Others

(specify)

DocuPrintP505 (172.16.132.240), and MS TEAMS

☒ Firewall Policy

(Select Policy Level Number) (2) 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: Ababa, Clyde
IT MEMBER

22-08-19 8:32 pm
Date and Time of Execution

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