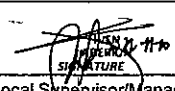
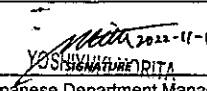


IT Installation/ Repair Request Form

Applied

Date of Request


Local Supervisor/Manager


Japanese Department Manager

Name: ADERSON, IAN D.

I.D No. 006968

PC Name/No: TFXC0933

Div/Dep't: T-AS5

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.: _____ current user/I.D No.: _____
- ☐ File Server Drive
(specify) _____ (purpose) _____
- ☐ Transfer of PC
from dep't _____ to dep't _____
- ☒ Software
(specify) MS TEAMS (purpose) _____
- ☐ Others (specify) _____
- ☐ Firewall Policy
(Select Policy Level Number) () Select from 1, 2, 3, 4

Reason for Application

Quick Communication of the team

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:

IT MEMBER

Date and Time of Execution

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