

# IT Installation/ Repair Request Form

Date of Request

2022-10-20

*[Signature]*  
Local Supervisor/Manager

*[Signature]*  
Japanese Department Manager

Name: RACHEL DUHAYLINGSOD

I.D No. 012060

PC Name/No: TFXC1000

Div/Dept: QA/QC

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.:

☒ Wireless Network

☐ LAN Cable Assembly/Installation

☐ PC Reformat

☐ Documentum/Astrux System

☐ Toss System

☐ SAP

current user/I.D No.:

☒ File Server Drive

(specify)

QA/QC

MC SERVER

(purpose)

☐ Transfer of PC

from dep't

to dep't

☐ Software

(specify)

(purpose)

☐ Others

(specify)

☐ Firewall Policy

(Select Policy Level Number) ( 1 ) Select from 1, 2, 3, 4

Reason for Application

NEWLY HIRED - NEW LAPTOP

Email: qa-upring.ph@toyoflex.com

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:

MILES

*[Signature]*  
VINCENT ARANAS  
IT MEMBER

2022-10-25

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 DAGATAN/AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	