

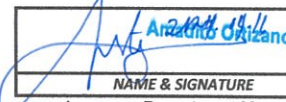


GA Division IT	IT Installation/ Repair Request Form	TMF-G0052 Version 2.00
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2024-04-16
 Date of Request


 JUVIE BALLASO
 NAME & SIGNATURE
 Prepared By:


 Grace Booc
 NAME & SIGNATURE
 Local Supervisor/Manager


 Armandito Orlizano
 NAME & SIGNATURE
 Japanese Department Manager

Name of User: Juvie Ballaso
 I.D No.: 011163
 PC Name/No: Lenovo TFC1047
 Div/Dep't: GA
 Position: Worker 1

Select the purpose of Application	<input type="checkbox"/> For New PC Issuance Request	<input checked="" type="checkbox"/> (For PC replacement request) <small>If you check here, attached the signed TMF-G0051 form</small>	<input type="checkbox"/> System Registration and Job Request
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☐ Cybozu/Garoon
☐ E-Mail
☐ Domain ID
☐ PC Reset/Reformat
☐ SAP

☒ Wireless Network
☐ LAN Cable Assembly/Installation
☐ MS Teams Account
☐ Documentum/Astrux System
☐ Toss System

☒ Change of PC User

previous user/I.D No.: 12276

current user/I.D No.: 011163

☒ File Server Drive

(specify) Medical Factory, Medical Group, New Volume and GA Shared

(purpose) File Storage

☐ Transfer of PC

from dep't _____

to dep't _____

☐ Software

(specify) _____

(purpose) _____

☐ Others (specify) _____

☐ Firewall Policy


(Select Policy Level Number)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select from:	1	2	2A	3
			3A	

Reason for Application : _____

Policy Validity Period	Date From (yyyy/mm/dd)	Date To (yyyy/mm/dd)
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Note: Do not fill-up Validity Period if Permanent

Requests Performed by: 
 IT MEMBER

2024-05-15
Date and Time of Execution

Related Document:TMF-G0051

*It is permitted to use this form in both electronic and hard copy.

*The user have to check and compare versions, effective date and sub master information before printing.

TOYOFLEX CEBU CORPORATION MEDICAL FACTORY

EFFECTIVE DATE: 2023-09-13

RETENTION PERIOD: 10 YEARS