

# IT Installation/ Repair Request Form

Date of Request

2021-05-11

2021.5.12  
SIGNATURE

Local Supervisor/Manager

SIGNATURE  
Japanese Department Manager

Name: LEVEN DAPIDON

I.D No. 544

PC Name/No: TFXC0512

Div/Dep't: QA CALIBRATION

Type of Installation

☐ (Entry)  
(For Install) ☒ (Exit)  
(For Deletion)

☐ R-Pics System

☐ Cybozu/Garoon

☐ E-Mail

☐ Active Directory

☐ Slam 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

☒ File Server Drive

(specify)

CAIDS Server / PLM, FILES, INCOMING  
CAIDS CAIDS CAIDS CAIDS CAIDS  
CAIDS CAIDS CAIDS CAIDS CAIDS  
ADMIN, PLM, T-AGSY, FRM1,

(purpose)

Not Authorized to access the folders  
- mention only QA systems have the  
Full Control of all folders in CAIDS Server.

☐ Transfer of PC

from dep't

to dep't

☐ Software

(specify)

(purpose)

☐ Others

(specify)

☐ Firewall Policy

(Select Policy Level Number) ( ) 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:

SUSETTE SURBANO  
IT MEMBER

2021-05-11  
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	