

Applied

IT Installation/ Repair Request Form

Date of Request 2022-10-06					
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2022-10-06 CHERRY PIE INSG SIGNATURE</div> Local Supervisor/Manager	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2022-10-06 DAISUKE NAKAYAMA SIGNATURE</div> Japanese Department Manager				
Name: <u>Brylle Tillor</u>					
I.D No. <u>006180</u>					
PC Name/No: <u>TFXC0025</u>					
Div/Dep't: <u>Wire Rope - Wire Drawing</u>					
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><input checked="" type="checkbox"/> Type of Installation (Entry) (For Install)</div><div style="text-align: center;"><input type="checkbox"/> (Exit) (For Deletion)</div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> R-Pics System <input type="checkbox"/> Cybozu/Garoon <input checked="" type="checkbox"/> E-Mail <input type="checkbox"/> Active Directory <input type="checkbox"/> Siam System <input type="checkbox"/> Data Surfing <input type="checkbox"/> Change of PC User previous user/I.D No.: _____ current user/I.D No.: _____ <input type="checkbox"/> File Server Drive (specify) _____ (purpose) _____ <input type="checkbox"/> Transfer of PC from dep't _____ to dep't _____ <input type="checkbox"/> Software (specify) _____ (purpose) _____ <input checked="" type="checkbox"/> Others (specify) <u>Microsoft Teams (for easy communication w/ the planners)</u> <input type="checkbox"/> Firewall Policy (Select Policy Level Number) () Select from 1, 2, 3, 4 Reason for Application <u>Change from PC to Laptop</u></div><div style="width: 45%;"><input checked="" type="checkbox"/> Wireless Network <input type="checkbox"/> LAN Cable Assembly/Installation <input type="checkbox"/> PC Reformat <input type="checkbox"/> Documentum/Astrux System <input type="checkbox"/> Toss System <input checked="" type="checkbox"/> SAP</div></div>					
<div style="display: flex; justify-content: space-between;"><div>Policy Validity Period</div><div>Date From (yyyy/mm/dd)</div><div>Date To (yyyy/mm/dd)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="border: 1px solid black; width: 150px; height: 20px;"></div><div style="border: 1px solid black; width: 150px; height: 20px;"></div></div> <p style="font-size: small; margin-top: 5px;">Note: Do not fill-up Validity Period if Permanent</p>					
<div style="display: flex; justify-content: space-between;"><div>Requests Performed by: <u></u> IT MEMBER</div><div><u></u> Date and Time of Execution</div></div>					
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	