IT Installation/ Repair Request Form

				Date (202 I-				of Request	
					/	2M- 17- 0 SRTIZANO NATURE Visor/Manager	MR. HIROY TAKAFUM	MATSUNAGA SIGNATURE Department Manager	
Name:	LADY NI	LA SARSABA							
.D No.	92	31	-						
PC Name/No		CU475							
Div/Dep't:	GA -								
Type of Instal	lation	(E:	ntry)	(Exit)	2	····			
	R-Pics Syste	(For	5.00	For Deletion	n)	-	1000		
	Cybozu/Gard					- 1AC 1			
	E-Mail		☐ Wireless Network						
	Active Direct		☐ LAN Cable Assembly/Installation ☐ PC Reformat						
			☐ Documentum/Astrux System						
						☐ Toss Sy		311	
						□ SAP	ystem		
	Change of P previous u	C User Iser/I.D No.:) No.:		
	File Server D	rive (specify)				(purpose) _			
	Transfer of P	C from dep't				to dep't _			
	Software	(specify)				(purpose) _			
\checkmark	Others	(specify)	Ms	Teams	author	rization			
	Firewall Poli	(Select Po	For	Number) HR	() Metings	Select from 1,	2, 3, 4		
		dity Period		From (yyyy	/mm/dd)	E	Date To (yyyy/mm/d	ld)	
	Requests Po		:_SUSE	TTE Tru	RBAND	2 Date	021 - 07-0() and Time of Exec	eution	
ocument No.	TCF-G02	2 Ver.	3		TOYOFLE	X CEBU CORPORA	ATION	Retention Period	
ffectivity Date	2021-04-1	5 Prepare	ed by:	Check	ed by:	Approved t	by: AKAFUMI MATSUNAGA	2 YEARS	