

IT Installation/ Repair Request Form

Date of Request

2022-08-18

[Signature]
2022-08-18
Ledy Nilan M. Sarsaba
SIGNATURE

Local Supervisor/Manager

[Signature]
Hiroaki Kikuma
SIGNATURE

Japanese Department Manager

Name: JEA U. INOC

I.D No. 0011931

PC Name/No:

Div/Dep't: HUMAN RESOURCE

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.:

current user/I.D No.:

☒ File Server Drive

(specify)

Medical Group & Medical factory

(purpose)

view & save FILES

☐ Transfer of PC

from dep't

to dep't

☒ Software

(specify)

MS TEAMS

(purpose)

For Communication

☐ Others

(specify)

Laptop

☒ Firewall Policy

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

Reason for Application HR scope of work requires internet access especially for

training references, job postings, government updates and work related references.

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:

IT MEMBER

2022-08-22 1:40 PM

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	