

IT Installation/ Repair Request Form

Date of Request

2022-09-28

[Signature]
SUSETTE SURBANO
SIGNATURE

Local Supervisor/Manager

2022.9.28
[Signature]
SIGNATURE

Japanese Department Manager

Name: Gia Mae Oring

I.D No. 012015

PC Name/No: TFXC0477

Div/Dep't: Human Resource

Type of Installation

☐ (Entry)

☐ (Exit)

(For Install)

(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)

Job Description

(purpose)

☐ Transfer of PC

from dep't

to dep't

☒ Software

(specify)

MS Teams

(purpose)

☐ Others

(specify)

☐ Firewall Policy

(Select Policy Level Number) ()

Select from 1, 2, 3, 4

Reason for Application

Email: giamae-oring.ph@toyoflex.com

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

2022-10-04

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	