

# IT Installation/ Repair Request Form

Date of Request

2023-05-24

  
LYZA V. BEROL  
SIGNATURE

Prepared By:

  
ARLAN ALONSA BE  
SIGNATURE

Local Supervisor/Manager

  
ATSUSHI KIKUCHI  
SIGNATURE

Japanese Department Manager

Name of User DEVINA CORTEZ

I.D No. 005040

PC Name/No: TFXC0654

Div/Dep't: T-ASSY

Position:

Select the purpose of Application	<input type="checkbox"/> For New PC Issuance Request	<input type="checkbox"/> (For PC replacement request) <small>If you check here, attached the signed TF-J-515-G030 form</small>	<input checked="" type="checkbox"/> System Registration and Job Request
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## (Systems Registration and Job Requests)

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|--|--|
| <input type="checkbox"/> Cybozu/Garoon   | <input type="checkbox"/> Wireless Network                |
| <input type="checkbox"/> E-Mail  | <input type="checkbox"/> LAN Cable Assembly/Installation |
| <input type="checkbox"/> Domain ID   | <input type="checkbox"/> MS Teams Account                |
| <input type="checkbox"/> PC Reset/Reformat   | <input type="checkbox"/> Documentum/Astrux System        |
| <input type="checkbox"/> SAP   | <input type="checkbox"/> Toss System                     |
| <input type="checkbox"/> Change of PC User<br>previous user/I.D No.: _____ current user/I.D No.: _____   |  |
| <input checked="" type="checkbox"/> File Server Drive<br>(specify) <u>\\svt\fs01\QAE\PI\S\PI\S TOYO&amp;ASAHI</u> (purpose) <u>TO ACCESS THE PISTA (Product Information)</u> |  |
| <input type="checkbox"/> Transfer of PC<br>from dep't _____ to dep't _____   |  |
| <input type="checkbox"/> Software<br>(specify) _____ (purpose) _____   |  |
| <input type="checkbox"/> Others (specify) _____  |  |

☐ Firewall Policy  
(Select Policy Level Number) ( 2A ) Select from 1, 2, 2A, 3, 3A

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: OKYUME PAUL AWAGRO Date and Time of Execution \_\_\_\_\_  
IT MEMBER

Related Document: TCT-G007

Document No.	TCF-G022	Ver.	4	TOYOFLEX CEBU CORPORATION	Retention Period
Effectivity Date	2022-10-27	Prepared by:	Checked by:	Approved by:	2 YEARS
		REY DAGATAN	AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	