

# IT Installation/ Repair Request Form

Date of Request

2023-01-21

ROSEMARIE RABANO  
2023-01-21  
SIGNATURE

Prepared By:

2023-01-21  
CHERRY PLEINSO  
SIGNATURE

Local Supervisor/Manager

2023-01-21  
Kouji Sugimoto  
SIGNATURE

Japanese Department Manager

Name of User: aldwin OLANDRIA

I.D No. 005436

PC Name/No: TFXC0053

Div/Dept: WIRE ROPE - OKAWING

Position: ASSOCIATE STAFF

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 TFI-S15-G030 form</small>	<input type="checkbox"/> System Registration and Job Request
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## (Systems Registration and Job Requests)

- |   |  |
|---|--|
| <input type="checkbox"/> Cybozu/Garoon  | <input type="checkbox"/> Wireless Network                |
| <input checked="" type="checkbox"/> E-Mail  | <input type="checkbox"/> LAN Cable Assembly/Installation |
| <input type="checkbox"/> Domain ID  | <input checked="" 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 checked="" type="checkbox"/> Change of PC User<br>previous user/I.D No.: <u>008758</u> current user/I.D No.: <u>005436</u> |  |
| <input type="checkbox"/> File Server Drive<br>(specify) _____ (purpose) _____   |  |
| <input type="checkbox"/> Transfer of PC<br>from dept _____ to dept _____  |  |
| <input type="checkbox"/> Software<br>(specify) _____ (purpose) _____  |  |
| <input type="checkbox"/> Others (specify) _____   |  |

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

Reason for Application

Email: aldwin.olandria.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:

Kouji Sugimoto  
IT MEMBER

2023-09-21  
Date and Time of Execution

Related Document: TCT-G007

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