

IT Installation/ Repair Request Form

Date of Request
2023-04-19

[Signature]
Signature
Prepared By:

NA
Signature
Local Supervisor/Manager

[Signature]
Signature
Japanese Department Manager

Name of User Gia Mae Oring

I.D No. 012015

PC Name/No: TFXC1089

Div/Dep't: Human Resource

Position:

Select the purpose of Application.	<input type="checkbox"/> For New PC Issuance Request	<input checked="" 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 checked="" type="checkbox"/> Wireless Network |
| <input type="checkbox"/> E-Mail | <input checked="" 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
previous user/I.D No.: <u>TFC012015</u> | current user/I.D No.: _____ |
| <input checked="" type="checkbox"/> File Server Drive
(specify) <u>GA Shared, R5C</u> | (purpose) _____ |
| <input type="checkbox"/> Transfer of PC
from dep't _____ | to dep't _____ |
| <input checked="" type="checkbox"/> Software
(specify) <u>HRIS, GA Shared</u> | (purpose) _____ |
| <input type="checkbox"/> Others (specify) _____ | _____ |

- ☐ Firewall Policy
(Select Policy Level Number) (2) 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: ORVINE PAUL ALMAGRO 2023-04-24
IT MEMBER 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:	Checked by:	Approved by:	2 YEARS
		REY DAGATAN	AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	