

IT Installation/ Repair Request Form

Date of Request

2022-10-25

2022-10-25
SIGNATURE

Local Supervisor/Manager

2022-10-26
SIGNATURE

Japanese Department Manager

Name: Antonette Yanuario

I.D No. 12097

PC Name/No:

Div/Dep't: PR/SDGW ASSY

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.: 10563

current user/I.D No.: 12097

☐ File Server Drive

(specify)

Medical Group & Medical Factory

(purpose)

☐ Transfer of PC

from dep't

to dep't

☐ Software

(specify)

(purpose)

☒ Others

(specify)

MS TEAMS ACCOUNT

☒ Firewall Policy

(Select Policy Level Number) (2)

Select from 1, 2, 3, 4

Reason for Application

Provision of laptop for new staff and internet connection.

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:

APRIL CLYDE
IT MEMBER

2023-02-10

8:45 AM

Date and Time of Execution

Document No.	TCF-G022	Ver.	3	TOYOFLEX CEBU CORPORATION		Retention Period
Effectivity Date	2021-04-15	Prepared by:	SUSETTE SURBANO		Checked by:	REY DAGATAN/AMADITO ORTIZANO
		Approved by:	TAKAFUMI MATSUNAGA			2 YEARS