

IT Installation/ Repair Request Form

Date of Request

2023-05-10

2023-05-10
Signature
Prepared By:

Signature
Local Supervisor/Manager

2023-05-11
Signature
DAISUKE NAKAYAMA
Japanese Department Manager

Name of User: Aivie Taneo

I.D No. 008072

PC Name/No:

Div/Dept: Wire rope-Support Group

Position: Worker (wire drawing planner)

Select the purpose of Application	<input checked="" type="checkbox"/> For New PC Issuance Request <small>If you check here, attached the signed TFJ-S15-G030 form</small>	<input type="checkbox"/> (For PC replacement request)	<input checked="" type="checkbox"/> System Registration and Job Request
-----------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	-------------------------------------------------------------------------

(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 type="checkbox"/> MS Teams Account |
| <input type="checkbox"/> PC Reset/Reformat | <input type="checkbox"/> Documentum/Astrux System |
| <input checked="" type="checkbox"/> SAP | <input type="checkbox"/> Toss System |
| <input type="checkbox"/> Change of PC User
previous user/I.D No.: _____ current user/I.D No.: _____ | |
| <input checked="" type="checkbox"/> File Server Drive
(specify) WIRE ROPE (purpose) WIRE DRAWING PLANNER | |
| <input type="checkbox"/> Transfer of PC
from dept _____ to dept _____ | |
| <input type="checkbox"/> Software
(specify) _____ (purpose) _____ | |
| <input type="checkbox"/> Others
(specify) _____ | |

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

Reason for Application _____

Email : aivie-taneo.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: ORVILLE PAUL ALMAGRO
IT MEMBER

2023-06-05
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	