## IT Installation/ Repair Request Form

					Date of Reques	t
				-	2022 · 68 · 04	
			Local Supe	N.M08-0 CHF Lyrum rvisor/Manager	N SIGN.	Q-OJ-OY ATURE arlment Manager
Name: _	BITOON , HEALT MAS	u€				
I.D No.	009448					
PC Name/No:	1Fxc0664					
Div/Dep't:	pc- inventory o	CONTROL				
Type of Installa		(Entry) (For Install) (I	(Exit) For Deletion)			
	R-Pics System					
	Cybozu/Garoon			Wireles	ss Network	
	E-Mail			☐ LAN C	able Assembly/Installat	ion
	Active Directory			☐ PC Re	format	
☐ Siam System				☐ Documentum/Astrux System		
	Data Surfing			☐ Toss S	ystem	
	Change of PC User			☐ SAP		
Ь	previous user/I.D	No.:		_current user/l.	D No.:	
	File Server Drive (spe	cify)		_ (purpose)		
	Transfer of PC from	dep't		_ to dep't		<del>.</del>
	Software (spe	cify)		_ (purpose)		
	Others (spe	cify)				
			Number) ( )	Select from 1	i, 2, 3, 4	
	Reason for Applica					
·	Reason for Application		From(yyyy/mm/dd)		Date To (yyyy/mm/dd	)
		eriod Date i	Ant	Da	Date To (yyyy/mm/dd 1011 ~ 02 ~ 0↓ te and Time of Execu	
Document No.	Policy Validity Policy Validity Policy Validity	eriod Date i	E YUBAND IT MEMBER		1011 ~ 02 ~ 0↓ te and Time of Execu	