

## IT Installation/ Repair Request Form

Record Control NO. : G-12F-248117-1

2024-04-18

Date of Request

2024-04-18  
Rosa Maria A. Dela Cruz  
NAME & SIGNATURE

Prepared By:

2024-04-19  
Lisa Benthisen  
NAME & SIGNATURE

Local Supervisor/Manager

2024-04-23  
NAME & SIGNATURE

Japanese Department Manager

Name of User: Rosa Maria A. Dela Cruz

I.D No.: 010198

PC Name/No: TFX C1033

Div/Dep't: Device / T. Assf.

Position: Junior 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 TCF-G084 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 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 type="checkbox"/> SAP                                                                                                     | <input type="checkbox"/> Toss System                     |
| <input type="checkbox"/> Change of PC User<br>previous user/I.D No.: Ciavla Avibal current user/I.D No.: Rosa Maria A. Dela Cruz |                                                          |
| <input type="checkbox"/> File Server Drive<br>(specify) _____ (purpose) _____                                                    |                                                          |
| <input type="checkbox"/> Transfer of PC<br>from dep't _____ to dep't _____                                                       |                                                          |
| <input type="checkbox"/> Software<br>(specify) _____ (purpose) _____                                                             |                                                          |
| <input type="checkbox"/> Others<br>(specify) _____                                                                               |                                                          |

☐ Firewall Policy

(Select Policy Level Number)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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:

IT MEMBER

2024-04-29

Date and Time of Execution

Related Document: TCT-007 &amp; TCF-G084

Document No.	TCF-G022	Ver.	5	TOYOFLEX CEBU CORPORATION			Retention Period
Effectivity Date	2023-07-24	Prepared by: RUSHKY ESTRERA		Checked by: REY DAGATAN		Approved by: AMADITO ORTIZANO	2 YEARS