

IT Installation/ Repair Request Form

Date of Request
2021-07-10

[Signature]
2021. 7. 10
SIGNATURE
Local Supervisor/Manager

[Signature]
2021. 7. 10
SIGNATURE
Japanese Department Manager

Name: QUENNIE MAY ABAYON
I.D No. 009037
PC Name/No: TFXC0574
Div/Dep't: QUALITY ASSURANCE

OK

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.: _____ current user/I.D No.: _____
- ☐ File Server Drive
(specify) _____ (purpose) _____
- ☐ Transfer of PC
from dep't _____ to dep't _____
- ☐ Software
(specify) _____ (purpose) _____
- ☐ Others (specify) _____
- ☐ Wireless Network
- ☐ LAN Cable Assembly/Installation
- ☐ PC Reformat
- ☐ Documentum/Astrux System
- ☐ Toss System
- ☐ SAP
- ☐ Firewall Policy
(Select Policy Level Number) () Select from 1, 2, 3, 4

Reason for Application the email will be used for follow-up of retrieval and distribution concerns.
email : qa.ddc1.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: SUSETTE SURBANO 2021-07-10
IT MEMBER Date and Time of Execution

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

ddc1 => christine TFC9373