


IT Installation/ Repair Request Form

Date of Request
2022-08-24


202208.25
Lui Restauro
SIGNATURE
Local Supervisor/Manager


Hiroya Hamaguchi
SIGNATURE
Japanese Department Manager

Name: Wenelyn Canete
I.D No. 11908
PC Name/No: TFXC 0965
Div/Dep't: QA

Type of Installation

☒ (Entry)
(For Install)

☐ (Exit)
(For Deletion)

☐ R-Pics System

☐ Cybozu/Garoon

☒ E-Mail

qacal3.ph@toyoflex.com

☐ Active Directory

☐ Siam System

☐ Data Surfing

☐ Change of PC User

previous user/I.D No.: _____ current user/I.D No.: _____

☒ File Server Drive

(specify)

Medical Factory
Medical Group

☒ Wireless Network

☒ LAN Cable Assembly/Installation

☐ PC Reformat

☐ Documentum/Astrux System

☐ Toss System

☐ SAP

View important files necessary for QA Calibration
related documents

☐ Transfer of PC

from dep't _____ to dep't _____

☒ Software

(specify)

MS Office Tools

(purpose)

☒ Others

(specify)

MS Teams

☒ Firewall Policy

(Select Policy Level Number) (1) Select from 1, 2, 3, 4

Reason for Application Newly hired QA Calibration Worker

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

Date and Time of Execution

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		SUSETTE SURBANO	REY DAGATAN/AMADITO ORTIZANO	TAKAFUMI MATSUNAGA	