## IT Installation/ Repair Request Form

			Date of Request		
			TOLL OF OX  SIGNATURE  Local Supervisor/Manager  Japanese Department Manager		
Name:	Algene Marie	Lobina			
I.D No.	10157		_		
PC Name/No:	Acer swift /	TFX C0743			
Div/Dep't:	PR /ASSY	PTCA			
Type of Install		(Entry) (For Install)	(Exit) I) (For Deletion)		
	R-Pics System				
☐ Cybozu/Garoon			☐ Wireless Network		
	E-Mail		☐ LAN Cable Assembly/Installation		
	Active Directory		☐ PC Reformat		
☐ Siam System			☐ Documentum/Astrux System		
	Data Surfing		☐ Toss System		
	Change of PC User		□SAP		
	previous user/I.D	No.:	current user/I.D No.:		
	File Server Drive (spec	cify)	(purpose)		
	Transfer of PC from (	dep't	to dep't		
	Software (spec	cify)	(purpose)		
	Others (spec	cify)			
$\Box$	Firewall Policy (Sele		evel Number) (3) Select from 1, 2, 3, 4		
	Reason for Applica	-	browse formulas for excel for reporting purposes, also		
	on finding ideas		nocess improvement or area improvement (5s), also for		
	finding supplier	3 if need	to purchase for improvement purposes		
	Policy Validity Pe		Date From ( yyyy/mm/dd)  Date To (yyyy/mm/dd)		
	Note: Do not fill-up Validity F	eriod if Permanent	nt .		
	Requests Perform	ed by:	IT MEMBER Date and Time of Execution		
Document No.	TCF-G022	Ver. 3	3 TOYOFLEX CEBU CORPORATION Retention Period		
Effectivity Date	2021-04-15	Prepared by: SUSETTE SUR	2 YFARS		