

Applied

# IT Installation/ Repair Request Form

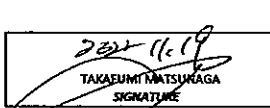
Date of Request  
17/11/2022

  
SHERWIN S. POLIQUIT  
SIGNATURE

Prepared By:

  
AMADITO ORTIZANO  
SIGNATURE

Local Supervisor/Manager

  
TAKAFUMI MATSUNAGA  
SIGNATURE

Japanese Department Manager

Name of User ANABELLE F. TAGANILE

I.D No. 12189

PC Name/No: TFX C01D11

Div/Dep't: GA-ENVIRONMENTAL

Position:

Select the purpose of Application	<input checked="" type="checkbox"/> For New PC Issuance Request	<input type="checkbox"/> (For PC replacement request) <small>If you check here, attached the signed TFI-B15-0030 form</small>	<input checked="" type="checkbox"/> System Registration and Job Request
-----------------------------------	---	--	---

## (Systems Registration and Job Requests)

- |  |  |
|--|--|
| <input type="checkbox"/> Cybozu/Garoon   | <input checked="" type="checkbox"/> Wireless Network     |
| <input checked="" type="checkbox"/> E-Mail   | <input type="checkbox"/> LAN Cable Assembly/Installation |
| <input checked="" type="checkbox"/> Domain ID  | <input checked="" 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.: _____ current user/I.D No.: _____ |  |
| <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 (specify) <u>FOR THE NEWLY HIRED EMS STAFF</u>                         |  |

- ☐ Firewall Policy  
(Select Policy Level Number) (3) Select from 1, 2, 2A, 3, 3A

Reason for Application NEED TO ACCESS GOOGLE FOR ONLINE PERMIT APPLICATION

AND DO SOME RESEARCH

Email: anabelle.taganile.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: MILES VINCENT ARANAS 2022-11-21  
IT MEMBER Date and Time of Execution

Related Document: TCT-G007

Document No.	TCT-G022	Ver.	4	TOYOFLEX CEBU CORPORATION		Retention Period
Effectivity Date	2022-10-27	Prepared by:	Checked by:	Approved by:		2 YEARS
		REY DAGATAN	AMADITO ORTIZANO	TAKAFUMI MATSUNAGA		