

IT Installation/ Repair Request Form

Date of Request
2022-08-24


2022-08-25
Lui Restauro
SIGNATURE
Local Supervisor/Manager


Hiroya Hamaguchi
SIGNATURE
Japanese Department Manager

Name: Reginald Tadulan
I.D No. 11864
PC Name/No: TFXC0953
Div/Dep't: QA

Type of Installation ☒ (Entry) ☐ (Exit)
(For Install) (For Deletion)

☐ R-Pics System
☐ Cybozu/Garoon
☒ E-Mail reginald.tadulan.ph@toyoflex.com
☐ Active Directory
☐ Siam System
☒ Data Surfing Google- Work related files
☐ Change of PC User
previous user/I.D No.: _____ current user/I.D No.: _____
☒ File Server Drive (specify) Medical Factory (purpose) View important files necessary for QA/QC related documents
Medical Group
☐ 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) 3 (2) Select from 1, 2, 3, 4
Reason for Application Newly hired QC Staff

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: ABABA CLYDE 2022-08-05 2:46 PM
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	