

# IT Installation/ Repair Request Form

Date of Request

2022-08-10

*[Signature]*  
SIGNATURE

Local Supervisor/Manager

*[Signature]*  
SIGNATURE

Japanese Department Manager

Name: CHERRY MALINAO

I.D No. 011915

PC Name/No: TFXC0609

Div/Dep't: PC/PC

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.: JADE MESA/011092

current user/I.D No.: CHERRY MALINAO/011915

☒ File Server Drive

(specify)

Medical Group/SAP SYSTEM

Medical Group/Production Control

(purpose)

to access/save SAP files

to access/save SAP files

☐ Transfer of PC

from dep't

to dep't

☒ Software

(specify)

MALSY

(purpose)

☒ Others

(specify)

DocuPrintP505 (172.16.132.240), and MS TEAMS

☒ Firewall Policy

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

Reason for Application

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 B.

IT MEMBER

22-08-19

8:33 am

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:	
		SUSETTE SURBANO	REY DAGATAN/AMADITO ORTIZANO		TAKAFUMI MATSUNAGA	2 YEARS