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| --- |
| VOIP Telephone Service Request |
|  |  |
| **Request Type:** **[ ]  Change** **[ ]  Repair** | **Request Date:**        |
| **Type of Equipment:** **[ ]  Phone** **[ ]  Fax** | **Effective Date:**       |
| **Type of Service:** **[ ]  Voice Mail** **[ ]  Long Distance** |
|  |  |  |
| **Emp ID#:**       | **Last Name:**       | **First Name:**       |  **Middle Initial:**    |
| **Title:**       | **Department:**       |
| **Building Location:**        | **Room:**      | **Phone:**      |
|  |
| **Describe Problem/Need:** \* Request for new equipment will carry a one to two week advanced notice for delivery time |
|  |
| Approval Chart |
| **Position** | **Name** | **Signature** | **Date** |
| Originator |       |  |  |
| Program Director/Department Head |       |  |  |
| IT Director | Samila Mohseni |  |  |
| VOIP & Email Administrator | O’Dell Hill |  |  |
| Alpha Directory Updated | O’Dell Hill |  |  |
| Department Directory Updated | O’Dell Hill |  |  |
|  |
| **Revised 10/12/2022** |