

**Information Technology Services**

**Telephone Service Request**

**SERVICE REQUESTED (CHECK WHERE APPROPRIATE AND COMPLETE INDICATED SECTIONS):**

- New Service (Sections 1, 3, 5)     
  Move Existing Service (Sections 1, 2, 5)     
  Change Existing Service (Sections 1, 3, 5)     
  Other Service (Sections 1, 4, 5)

**Section 1 - User Data**

Name: \_\_\_\_\_ Number/Location (if applicable): \_\_\_\_\_

- Employment Status (check all that apply):
- |   |  |
|---|--|
| <input type="checkbox"/> Full-Time      | <input type="checkbox"/> Part-Time             |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Custodial/Maintenance |
| <input type="checkbox"/> Faculty        | <input type="checkbox"/> Office Professional   |

**Section 2 - Move Service**

(Note: The "Request for Office Assignment" form must be submitted with this form and approved by Information Technology Services (SC314) before telephone service will be moved.)

Move Existing Telephone Service: From: \_\_\_\_\_ To: \_\_\_\_\_

**Section 3 - New/Change Service**

Level of Access (Check highest level required and provide justification below).

- On-Campus       Local       Tri-County (248, 313, 734, 810)       Michigan  
 Michigan + Canada       USA       International

Justification: \_\_\_\_\_

Other Changes:  Add Voice Mailbox       Replace/Upgrade Unit\*\* (Model # \_\_\_\_\_)

*\*\*Replacing non-defective units will result in a charge to your organization. Current models, their features, and costs are available on the intranet.*

**Section 4 - Other Service (Explain service requested in detail, attaching an additional sheet if necessary. Requests lacking required information will be returned.)**

\_\_\_\_\_

**Section 5 - Approval**

Organization Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Organization and account number (9 digits) to charge: \_\_\_\_\_

**(For Information Technology Services Use Only)**

Approved by Information Technology Services: \_\_\_\_\_ Date: \_\_\_\_\_ NCOS: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number (if new phone): \_\_\_\_\_ NCOS: \_\_\_\_\_

To Financial Services: Credit 23320-7137 \$ \_\_\_\_\_ Date Sent: \_\_\_\_\_ Revised 1/04