Telephone Remove/Change

<table>
<tr><td>**Work Order**
(Telephone Office use only)</td></tr>
</table>

Submitter Name: _____   Date Submitted: _____

Department: _____   Submitter Phone #: _____

FOAP: _____
*Funds starting with a 3 require a <u>Telephone Expenses Grant Justification Form</u> attached to this request.
Required: ☐ On   or   ☐ Before _____

Phone Number Being Changed/Removed: _____

Location (Room Number, Building): _____

Remove/Cancel Telephone Service: Main Set ☐   Extension Set ☐   Softphone ☐   Fax/Analog Line ☐
Remove Voicemail Service ☐   Remove Voicemail Menu ☐

Add/Enable Service: Softphone ☐   Voicemail ☐   Voicemail to email ☐   Voicemail Menu ☐
(Include options/users names in Special Instructions)

☐ **Add Extension Set:**

Room # _____

Building _____

Jack # _____

☐ **Move Service From:**

Room # _____

Building _____

Jack # _____

☐ **Move Service To:**

Room # _____

Building _____

Jack # _____

☐ Change Set Type: From: _____   To: _____

Change Name Display on Set (max 15 characters including spaces)

☐ Change Voicemail Menu

(Include options/users names in Special Instructions)

_____
(Indicate department name or abbreviation or specific employee name—note this is optional)

Name of Employee using service: _____

Employee # _____   Email _____

Job Title (for People Search) _____   Department _____

☐ Change From (previous Employee) _____   ☐ On Leave (keep in directory)

☐ FOAP Change: From: _____   To: _____

☐ Billing Contact Change: From: _____   To: _____

Special Instructions:

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