

**TELEPHONE SERVICES WORK ORDER REQUEST FORM**

**FAX TO x8325**

**DATE OF REQUEST** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_ **Proposed Due Date** \_\_\_\_\_

Name & Extension of Person Placing Order \_\_\_\_\_ Name & Extension of Contact Person \_\_\_\_\_

Budget Center # to Cover Work \_\_\_\_\_ Budget Center # To Cover Monthly Charges (for new installs only) \_\_\_\_\_

**TYPE OF WORK NEEDED:**

**A) NEW EXTENSION(S) INSTALLATION** Number of Extensions to be Installed \_\_\_\_\_

Locations of New Extension(s) \_\_\_\_\_

Purpose of Extension(s)? (voice, modem, fax) \_\_\_\_\_

Level of Service (for each extension)\* \_\_\_\_\_

Is a Telephone Set Needed? (List Location(s)) \_\_\_\_\_

Activate Voice Mail Box(es)? \_\_\_\_\_

**B) EXTENSION MOVE(S)**

Extension(s) to be moved and current location \_\_\_\_\_

New location \_\_\_\_\_

**C) EXTENSION DEACTIVATION**

Extension(s) to be deleted and location \_\_\_\_\_

**D) OTHER TYPE OF WORK** (contact Telephone Services at x4870 for Multi-Button set installations) \_\_\_\_\_

**E) REMARKS SECTION** (special access instructions, work time frame, etc...) \_\_\_\_\_

**\*\*Department Budget Approval Signature** \_\_\_\_\_

\* **Levels of Service:** Level 1-On Campus Service Only / Level 2-On Campus Dialing (can receive off campus calls) / Level 3-Metro Boston dialing / Level 4-Mass. Dialing / Level 5-Northeast Quadrant dialing / Level 6-Continental US dialing /Level 7-Unrestricted dialing.

**\*\*ORDER FORMS WITHOUT A SIGNATURE CANNOT BE PROCESSED**

**\*\* IF YOU NEED MORE SPACE TO WRITE AN ORDER PLEASE ATTACH A SHEET TO THIS FORM \*\***