

VoIP Telephone Move, Add, Change Request Form

Requestor Information

Requestor Name: _____ Date of Request: _____

Employee Name: _____ Current Extension: _____

District: _____

Building Location: Elementary High School Other

Room Location: _____

Extension: Move Add Change

Voice Mail: Move Add Change

Voice Mail Time of Day Setting: Admin Teacher Other

Corporate Directory: Move Add Change

Serial No. of Item (if applicable): _____

MAC Address of Item: _____

Phone Model: _____

M/A/C Details: (Please provide as much detail as possible regarding your request)

Classification

Priority: Low Medium High

Deadline for request completion: _____

Does this user have any special needs, example do they get 911 notifications, pick up groups, etc.:

Additional Comments:

(If there are any other details the Service Desk should be aware of, please indicate them here)

**If you have any questions about this form, please contact the Service Desk at 716-821-7171;
Email completed form to ServiceDesk@e1b.org.**

For Service Desk Use Only:

Assigned to: _____ Date assigned: _____

Date Completed: _____ Follow up required?: Yes No

Comments/Notes:

Rev: 9/27/12 vw

