

# TELEPHONE EXTENSION ACTION REQUEST FORM

## PHONE ASSIGNMENT INFORMATION:

Employee Requiring Extension:

Name: \_\_\_\_\_  
(Please Print)

Banner ID: \_\_\_\_\_  
(From RHIT ID Card)

Faculty

Staff

Location (Lab, etc.) Requiring Extension:

Listing Description (xxx Lab, etc.): \_\_\_\_\_

## ORGANIZATION INFORMATION:

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## ACTION REQUESTED:

New Extension

Building: \_\_\_\_\_

Room No./Location: \_\_\_\_\_

Reassignment of Existing Extension in Existing Location

Extension No: \_\_\_\_\_

Building: \_\_\_\_\_

Room No./Location: \_\_\_\_\_

Extension Relocation

Extension No.: \_\_\_\_\_

Building: \_\_\_\_\_

Present Room No./Location: \_\_\_\_\_

New Room No./Location: \_\_\_\_\_

## ADDITIONAL INSTRUCTIONS / INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature & Date

## RETURN THIS FORM TO THE IAIT HELP DESK - CM 16

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(For IAIT Use Only)

Extension Number: \_\_\_\_\_

Telecom \_\_\_\_\_  
(initials & date)

Information Forwarded to Switchboard: \_\_\_\_\_  
(Date)

Richey \_\_\_\_\_  
(initials & date)