

APPLICATION FOR TELECOMMUNICATION SERVICES

SERVICE OPTION: Cancel Telephone Service

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|-------------|--|-----------------------|--|
| Staff Name: | | Staff ID: | |
| Group Name: | | ITS Network Username: | |

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|-----------------------|--------------------------------|--|
| Service Type: | <input type="checkbox"/> Phone | <input type="checkbox"/> Fax |
| Current Extension No: | | <input type="checkbox"/> Keep phone (receive calls only) |

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|-----------|--|-----------|--|----------|--|
| Building: | | Floor No: | | Room No: | |
| Comments: | | | | | |

| Authorisation/Endorsement: | |
|---|---------------------------------|
| Fund Controller: _____ | Designation: _____ |
| Signature : _____ | Faculty/Department: _____ |
| Administrative Assistant (AA) or Equivalent: Name: _____ Extension: _____ | (Affix Departmental Stamp here) |
| For ITS Helpdesk Use: | |
| Received by: _____ | Date Received: _____ |
| Assigned to: _____ | Date Assigned: _____ |

Terms of Agreement:

1. Service requests have to be thoroughly assessed and approved by IT Services
2. The service once created and used is bound by the policies and procedures that govern use of these services in the University.
3. It is the responsibility of the requesting faculty or department to ensure proper use of the service. It is therefore liable for any costs or disciplinary measures that has stemmed for the misuse of the service.