



UNIVERSITY OF MANITOBA Telephone Add Form

PRINT FORM
(click here)

EMAIL FORM
(click here)

WO#

PLEASE NOTE: Not all browsers support the "Submit by Email" functionality. We recommend that you save this form to your Desktop and open with the latest version of Adobe Reader and then fill out and submit by email.

Coordinator Name: _____ Date: _____
Department: _____ Phone #: _____
FOAP # (*): _____
FOAP Signing Authority: _____ FYMFORS verification
Required: On or Before _____

Add New Service: New Phone #:
Add to Existing Service:
Existing Phone #: _____
Location: Room #: _____ Port #: _____ Building: _____
Call Party Name Display on set (CPND) - 16 characters including spaces: _____

User Info:

Name of Employee using telephone line: _____
 new full-time staff member to U of M add employee's name to online directory
 staff member transferred from another department previous department: _____
Employee #: _____ Email: _____
Job Title: _____ Personal Title (Mr, Mrs, Ms, Dr, Prof, etc): _____
Department: _____

Type of Service:

Telephone Main Set or Telephone Extension Set Fax:
 Toll Restricted or 411 restricted or both
 Single line Set or Multi-line Set
 Voice Mail - Individual Use or Menu # of options/user's names: _____
 Desktop Messaging

Special Instructions: (i.e.: appearance of other lines / intercom group)

* Funds starting with a '3' need a Grant Justification form to be completed