

Faculty & Staff
Voice Mail Account Request Form
(Individual or Shared)



Information About the Requester

Name: _____

IC Email Address: _____

Campus Address: _____
(Building & Room)

Campus Phone #: _____
(The extension that VM is requested for)

Department: _____

Department Phone #: _____
(Main departmental extension)

Type of Voice Mail Account Requested

Individual Voice Mail Account
(Complete Sections A & C)

or

Shared (Tree) Voice Mail Account
(Complete Sections A, B & C)

Section A – Voice Mail Options

Do you want calls to go to voice mail if phone is busy?

YES NO

Do you want calls to go to voice mail if phone is not answered after approximately 4 rings?

YES NO

Do you want the “zero option” (gives the caller the option to press the “0” key to be transferred to designated attendant (i.e. administrative assistant) instead of leaving a voice mail message)?

YES NO

If yes, extension you want calls transferred to when “0” is pressed: _____

Section B – Mailbox Assignments (for shared accounts)

Mailbox 1 Assigned To:	Mailbox 3 Assigned To:
Mailbox 2 Assigned To:	Mailbox 4 Assigned To:

(4 mailboxes per extension is the recommended maximum)

Section C – Authorization

AUTHORIZATION: _____ Date: _____
(Signature of Dean, Director or Department Head Required for ALL VM Account Requests)

Bring completed form and college ID to the ITS Helpdesk, 104 Job Hall. Please allow 3 business days for processing.

HD Initials _____ FP# _____ Date _____