

TELEPHONE SERVICES APPLICATION
TO: INFORMATION TECHNOLOGY MANAGER

FROM: _____

DATE: _____

DESIGNATION: _____

CURRENT EXTENSION: _____

POLICY

I have read the attached Air Niugini Information Technology (IT) Policy documents and agree to abide by them. The IT Policy forms an important part of the Air Niugini Policy.

NAME: _____

STAFF NUMBER: _____

SIGNATURE: _____

GM APPROVED: _____

DATE: ____/____/20

1. TYPE OF SERVICE
2. DETAILS

- | | | |
|---|--------------------------|--|
| a) Name Change | <input type="checkbox"/> | _____ |
| b) Group Pick up (State pick up extensions) | <input type="checkbox"/> | _____ |
| c) PIN Assignment (Circle an option) | <input type="checkbox"/> | Single / multiple users extension number |
| d) PIN Cancellation | <input type="checkbox"/> | Old PIN: _____ |
| e) Access Level (Tick option(s)) | | Internal <input type="checkbox"/> Local <input type="checkbox"/> STD <input type="checkbox"/> IDD <input type="checkbox"/> Mobile <input type="checkbox"/> |
| f) Convert Analogue to Digital | <input type="checkbox"/> | _____ |
| g) New Extension (tick one option) | <input type="checkbox"/> | Analogue <input type="checkbox"/> Digital <input type="checkbox"/> |
| h) Extension Relocation | <input type="checkbox"/> | From: _____ To: _____ |
| i) Fax over Extension | <input type="checkbox"/> | _____ |
| j) Direct Line fax (Telikom) | <input type="checkbox"/> | _____ |
| k) Other | <input type="checkbox"/> | _____ |

3. OTHER WORK REQUESTED
4. PIN ACKNOWLEDGEMENT

I acknowledge receipt of the PIN for the SV8300 NEC telephone system . I understand that it is an offence to divulge to anyone else. I or we are responsible for all calls made from the extensions to which this PIN is to be used.

5. JOB COMPLETED BY

Tech Name: _____ Signature: _____ Date: ____/____/____

Remarks: _____

6. OFFICE USE ONLY
1. Telephone Directory Updated:

a. Telephone address Administrator:

Name:

Dept.

Ext.

2. CAAB Record Updated:

a. CAAB Administrator:

Cost Center:

Dept.

Ext.