

# VOICE MAILBOX APPLICATION

**Instructions for completing this form:**

1. To process this form, *all information must be provided and the application must be signed and dated by your Budget Unit Head or Director. Unsigned applications will be returned.*
2. Voice Mailbox applications are processed in the order in which they are received. The normal processing time for an application is 5 - 7 days.
3. Please mail your application to the address below. **Do not duplicate by faxing your request as well.**
4. **List the "zero out point" for your mailbox.** A zero point has already been designated for your department. (See below.)
5. Guard your personal password. If you should lose your password, your system manager will require an authorization to issue a new temporary password for mailbox access.

REQUESTING DEPARTMENT INFORMATION *		
Requesting Department:	Cost Center:	
Onsite Contact:	Budget Unit Head Signature:	
Contact Extension:	Contact Fax:	Date Requested:

\* Please note - Your application ***will not be processed*** if the information above is not provided.

**Please print clearly or type information.**

Last Name	First Name
Department	Telephone Extension

**Please check your applicable classification:**

Faculty <input type="checkbox"/>	Administration <input type="checkbox"/>	Other _____ <input type="checkbox"/> Please explain
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**To process your application, the port number of your extension is needed. Please complete the following steps to obtain this information.**

1. Lift the handset of your telephone. Be sure to choose your extension if you have a multi-line telephone.
2. On the touch pad, depress the following sequence: **##119**. (Pound, star, 119)
3. Upon entering ##119, the system will provide the port number of your extension. Please copy the numbers below.  
     Cabinet: \_\_\_\_\_ Shelf: \_\_\_\_\_ Lot: \_\_\_\_\_ Circuit: \_\_\_\_\_

**Please list the "zero out point" for your mailbox.** Extension \_\_\_\_\_ should receive my calls if a caller to my extension should have an urgent need to speak with a "live" person. (Please keep in mind that each department ***MUST*** have a "zero out point" where calls are routed in the event of an emergency. Your "zero out point" should be an employee within your department who does not have a mailbox, such as a secretary or receptionist. **A voice mailbox will not be created without the provision of a "zero out point."**)

**Mail your completed application to:**

Joanne B. Brogden  
 Office of Telecommunications  
 The TECH Center, 3rd floor (286-99)  
 12th St. & Montgomery Ave.  
 Philadelphia, PA 19122

*Office use only:*

CSO #	Cmty.	Group	Profile	MMP	Letter Sent	Directory	Initials