VOICE MAIL SYSTEM QUICK CHANGE REQUEST

Voice Mail Administrators - Trish Souder 301-496-8497   Bunny Dillon 301-594-9427   Lynda Gillman 301-402-9916

DATE SUBMITTED: _____   <u>**Your request will be processed within 2 working days.**</u>

CONTACT NAME:_____   CONTACT TELEPHONE:_____

CONTACT FAX NUMBER: _____   ORGANIZATION **:**_____   **BAC****_____

Six (6) types of transactions are allowed with this request. You may change or modify up to 5 mailboxes per request form. Enter the type of change and the data required for each transaction. When the form is completed, **fax to the Voice Mail Administrator at 3014359907. Please be sure to fill in the contact fax number, so that we can fax information back.**

<u>**No menu changes will be considered on this form!**</u> Menu changes **must** go through your Administrative Officer (AO) or Telecommunications Office.

Type 2:   <u>Change number of rings before transfer to voicemail</u>: Enter change type 2, mailbox number, name and ring cycle between 1 and 6.
Type 3:   <u>Reset password</u>: Enter change type 3, mailbox number and name. We will notify you of the new temporary password assigned.
Type 4:   <u>Add mailbox to line</u>: Enter change type 4, mailbox number **(10-digits of telephone number)**, name, attendant number (if applicable) and organization.
Type 6:   <u>Delete Mailbox</u>: Enter change type 6, mailbox number, name.
Type 7:   <u>Change attendant number ("0" out number)</u>: Enter change type 7, mailbox number, name and new attendant number.
Type 8:   <u>Move mailbox</u>: Enter change type 8, mailbox number, name, new mailbox number and attendant number (if applicable).

Change Type	Mailbox Number	Name	New Mailbox Number	Ring Cycle	Attendant Number	Organization*

Organization ***** = enter Agency, Institute, Center or Bureau (i.e. NCI, FDA, CBER) ** Billing Account Code
Comments:_____
_____

Voice Mail Administrator Use only:
Date received: _____ Date Completed:_____ User Notified :_____ Completed by: _____