

INSTRUCTIONS FOR SUBMITTING THE, NEW TELEPHONE SERVICE REQUEST FORM

Please provide the following information on your request:

LOCATION WHERE WORK IS TO TAKE PLACE:

- Floor, room, and cubicle/office number where the work will be taking place. All requests other than voicemail **MUST** include a floor plan of your location, with rooms/cubicles marked where the work is requesting to take place.

ONSITE CONTACT PERSON:

- If voicemail is being requested, the onsite contact should not be the same employee. This onsite contact person **IS** to have access to the phone closet, or any location necessary where a technician may need to perform his/her duty.

TYPE OF WORK:

- New phone or fax line? Include the available jack number where the line can be placed.
- Relocating a line? Include current line location, and location of where you want the line to be moved to
- Upgrade/Add a line? Please specify which line to upgrade, and which line/s you would like to add to it. If the existing phone has an intercom number (ICM#), please provide that information as well..
- Voicemail? Please include the line that needs voicemail, along with the voicemail access number for your location.
 - **Locations with VoIP systems (CISCO IP Telephones)**
 - If voicemail is requested, please include the employee's name, employee number, phone number the voicemail is to be added to.
 - If you are relocating within the same building, include your previous phone number so your mailbox can be transferred to your new number.
 - **REQUESTORS**; if a new employee is on his/her way, or if an employee is relocating on the floor/building, **PLEASE**, submit a request ahead of time, as there will be a waiting period to setup/transfer the employee's voicemail box, etc.

JUSTIFICATION:

- All requests must have a detailed justification.

APPROVAL:

- This request **must** be signed by your program head/manager (please no signature stamps), as well as your program analyst, and mailed/delivered to, ASB Telephone Coordinator for processing.
- MHSA funded programs must have their requests approved through the MHSA Oversight Unit, located in the Administrative Support Bureau.

PROCESSING/WORK TIMEFRAME:

- Requests will receive a final approval from ASB before an order is submitted.
- **All requests must be given a minimum of 15-20 business days to be completed. Some orders may take longer, depending on the scope of work, special needs, and the availability of technicians in the field.**

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Administrative Support Bureau

TELEPHONE SERVICE REQUEST FORM

PROGRAM / DIVISION:	COST CODE:
ADDRESS:	MHSA
LOCATION (room, floor, and cubicle #):	
ONSITE CONTACT (including phone #):	
TYPE OF REQUEST:	
JUSTIFICATION:	

AUTHORIZED APPROVAL
(NO SIGNATURE STAMPS)

Program Analyst: (PLEASE PRINT & SIGN)	Date:
Program Head / District Chief/Deputy Director: (PLEASE PRINT & SIGN)	Date:

Please mail completed request to:

Administrative Support Bureau
Telecommunications Coordinator
550 S Vermont Ave., 2nd Floor
Los Angeles, CA 90020