



**Faculty/Staff
Long Distance Code Request Form**
(To be completed by Manager/Dean)

Please Print Clearly

LAST NAME: _____ FIRST _____ M.I. _____

SOU ID #: _____

JOB TITLE: _____

DEPT: _____ OFFICE #: _____ PHONE: _____

List an Index Code to authorize a Long Distance Calling Code for this employee _____

Signature of Manager/Dean: _____ **Date:** _____

Manager/Dean's Name: _____ **Title:** _____

Please complete, sign, and send this form to the Information Technology department through your Computing Coordinator or the IT Help Desk.

Internal Use Only			
Routing Slip			
			Date/Initial
Ticket Number:		Date Received:	
Account Name:			
			Date/Initial
Notified:			
Spoke to: <input type="checkbox"/>		Left message: <input type="checkbox"/>	