

Request for V	oice Mai	on extensi	ion (s)				
Date							
Fermi ID #		T	EMPLOYEE	VISITOR	CONTRACTOR	TEMP/Summer	
Name							
D / S/ C & Depar	tment						
Location							
Telset Tag Numl				PNAL TELSET US GOVT PROP DOE 05678	under the removabl	e base)	
Select your type	of phone:						
			Other N		(ISDN, Norstar, Cordless etc.)		
	Single Line with Display	Two- Line with Display					
must include					mp personnel LOYEE.		
Supervisor Approval				ID:	#		
If sen	ding the request e	lectronically and t	he Supervisor is c	opied on the ema	il a signature is not nec		
Comments:							

Send to telecom@fnal.gov, FAX: 630-840-3405, or MS228

Click here for voice mailbox set-up instructions