

# INSTRUCTIONS FOR COMPLETING TELECOMMUNICATIONS FORMS

(8/99)

FORM NAME	USE	INSTRUCTIONS FOR COMPLETING FORM
<p>TELECOMMUNICATIONS REQUEST <b>CAMPUS ITEMS</b></p> <p>UHTR Form 1A (Rev. 9/96)</p>	<p>Required for:</p> <ul style="list-style-type: none"> <li>• All telephone, data and other telecommunications services except for those items listed under DAGS TR Form 1 (Rev 9/98) requiring Department of Accounting &amp; General Services approval.</li> <li>• Telecommunications equipment purchases as listed in the most current Administrative Procedures Manual.</li> </ul>	<p><b>ALL SECTIONS MUST BE COMPLETED.</b></p> <p>If the form is incomplete (including attachment of UHT Form 2 Rev. 9/96) Telecommunications Management System Directory form for new installs and activation of jacks on the Manoa campus only) or incorrectly filled out, it will be returned to the requesting department. Submit an original to UH ITS-Telecommunications. A copy will be sent back to the Department Telecom Coordinator (DTC) with an assigned TR number when it is approved and/or completed.</p> <p><b>DEPT. REF. NO.:</b> For the requesting department's use.</p> <p><b>TR NO.:</b> Leave blank; to be assigned by UH ITS-Telecommunications.</p> <p><b>REQUESTER:</b> Provide complete information for each item.</p> <p><b>CONTACT PERSON:</b> Provide specific and reliable information.</p> <p><b>BILLING ADDRESS (for non-Manoa lines only):</b> Provide correct address information for billing.</p> <p><b>REQUEST FOR:</b> (Check <u>only one</u> - TELEPHONE SERVICES, DATA SERVICES, OTHER SERVICES or EQUIPMENT PURCHASES and provide complete information.)</p> <p><b><u>TELEPHONE SERVICES</u></b></p> <p><b>Note:</b> The first four entries should reflect what is existing and the changes or additions specified in the Description of Service.</p> <p><b>Line# or Circuit#:</b> Telephone or circuit number to be worked on. Type <i>New</i> if new line is being requested.</p> <p><b>Jack# &amp;/or Station#:</b> Number (on silver tag) of the jack, which the telephone is plugged into, or for non-Manoa lines provide station number if no jack number is available.</p> <p><b>Phone Type:</b> Indicate UII, UIII, UVII, 8314, 2008, 2009, 2018, 2112, 2616, 2317, LO (line only), SOFT (softkey), or for non-Manoa lines, the brand, make and model.</p> <p><b>Bldg./F/Rm.:</b> Building name, floor &amp; room number where line or circuit is presently located.</p> <p><b>Description of Service:</b> Describe services required.</p> <p><b>Est. Cost of Service:</b> Fill in estimated cost of service.</p> <p><b><u>DATA SERVICES</u></b></p> <p><b>Line# or Circuit#:</b> Circuit number to be worked on. Type <i>New</i> if new circuit is being requested.</p> <p><b>Jack# &amp;/or Station#:</b> Provide jack number (indicated on silver tag of jack) to be worked on.</p> <p><b>Phone Type:</b> Not applicable; leave blank.</p> <p><b>Bldg./F/Rm.:</b> Building name, floor &amp; room number where jack is presently located.</p> <p><b>Description of Service:</b> Describe services required <u>including type of computer being used</u>.</p> <p><b>Est. Cost of Service:</b> Fill in estimated cost of services.</p> <p><b><u>OTHER SERVICES</u></b></p> <p><b>Line# or Circuit#:</b> Not applicable; leave blank</p> <p><b>Jack# &amp;/or Station#:</b> Not applicable; leave blank</p> <p><b>Phone Type:</b> Not applicable; leave blank.</p> <p><b>Bldg./F/Rm.:</b> Building name, floor, and room number where service is required.</p> <p><b>Description of Service:</b> Describe services required.</p>

ATTACHMENT 403.13

# INSTRUCTIONS FOR COMPLETING TELECOMMUNICATIONS FORMS

(6/99)

FORM NAME	USE	INSTRUCTIONS FOR COMPLETING FORM
<p>TELECOMMUNICATIONS REQUEST <b>CAMPUS ITEMS - CONT'D</b></p> <p>UHTR Form 1A (Rev. 9/96)</p>		<p><b><u>EQUIPMENT PURCHASES</u></b> (Attach quotations, proposals, diagrams or brochures)            Description of Equipment: Provide description of equipment being purchased.            Brand/Model No.: Provide brand/model no. of equipment being purchased.            Vendor: Provide name of vendor from whom equipment will be purchased.            Estimated Cost: Fill in estimated cost of equipment being purchased.</p> <p><b>JUSTIFICATION:</b> Proper justification is required for all requests.</p> <p><b>APPROVAL (Please type name and sign for all requests):</b>            Departmental authorization: Typed name and signature of departmental authorization (Dean/Principal Investigator/Department Chairperson, etc.).            Fiscal Officer: Typed name and signature of responsible fiscal officer.            Account Code to be Charged: Provide account code to be charged for service installation request.            Campus Code: Provide 2-character campus code.            Telecom Coordinator:            Typed name and signature of designated Department Telecom Coordinator (DTC).</p> <p><b>FOR TELECOMMUNICATIONS USE</b>            This section is for UH ITS-Telecommunications only.</p>
<p>TELECOMMUNICATIONS REQUEST <b>DEPARTMENT OF ACCOUNTING &amp; GENERAL SERVICES - ICSD ITEMS</b></p> <p>DAGS TR Form 1 (Rev 9/98)</p>	<p>Required for:</p> <ul style="list-style-type: none"> <li>• HATS (Hawaii's Advanced Telephone System) Lines</li> <li>• UH agencies situated in State office buildings managed or leased by DAGS or other departments within the Executive Branch.</li> <li>• Payphone &amp; Long Distance services</li> <li>• Radio systems, equipment, and other accessories</li> <li>• Interfacing with Hawaii Wide Area Integrated Information Access Network (HAWAIIAN)</li> </ul>	<p>Submit an original to UH ITS-Telecommunications.</p> <p><b>DEPT. REF. NO.:</b> For the requesting department's use.</p> <p><b>UH NO.:</b> Leave blank; to be assigned by UH ITS-Telecommunications.</p> <p><b>TR NO.:</b> Leave blank; to be assigned by DAGS - ICSD.</p> <p><b>REQUESTER/PROJECT COORDINATOR:</b> Provide complete information for each item.</p> <p><b>LOCATION OF SERVICE:</b> Provide specific and reliable information for each item.</p> <p><b>FROM:</b> Provide correct address information for billing.</p> <p><b>DESCRIPTION:</b> Describe services required.</p> <p><b>JUSTIFICATION:</b> Proper justification is required for all requests.</p> <p><b>ESTIMATED COSTS:</b> Fill in estimated cost of services.</p> <p><b>APPROVAL:</b> Departmental authorization must be provided by a Dean, Principal Investigator, Department Chairperson, etc. Fiscal Officer and DTC signatures are also required. Provide account code to be charged.</p>

# INSTRUCTIONS FOR COMPLETING TELECOMMUNICATIONS FORMS

(6/99)

FORM NAME	USE	INSTRUCTIONS FOR COMPLETING FORM
<p><b>TELECOMMUNICATIONS MANAGEMENT SYSTEM DIRECTORY</b></p> <p>UHT Form 2 (Rev. 9/96)</p>	<p>Submit form to:</p> <ul style="list-style-type: none"> <li>• Provide directory information for new lines or activation of jacks. (This form must be completed and attached to any request for new lines or activation of jacks.)</li> <li>• Provide updated information for existing lines.</li> </ul> <p>The computerized Telecommunications System Directory is part of the Telecommunications Management System (TMS) and is used to maintain records for each line assignment. The campus operators also access this information to connect callers to individuals on campus.</p>	<p><b>FROM:</b> To be completed and signed by Department Telecom Coordinator.</p> <p>Check ADD for a new line or UPDATE for an existing line.</p> <p><b>LINE NUMBER:</b> For new install or activation of jack, UH ITS-Telecommunications to assign. For update, provide prime directory number (PDN).</p> <p><b>PHONE TYPE:</b> Indicate whether UII, UIII, UVII, 8314 2008, 2009, 2018, 2112, 2616, 2317, or LO (line only).</p> <p><b>PUBLISH?:</b> Check yes to allow operators to connect calls directly to the line number and/or give out number. If no is checked, provide another line number to refer calls to.</p> <p><b>USERNAME:</b> Provide name of individual(s) assigned to line number. If no one is assigned, provide room name such as Computer Room, Lab, etc. When equipment is used on the line, provide equipment item such as modem, fax, etc. rather than an individual's name.</p> <p><b>BLDG, ROOM:</b> Provide building and room number where line is located.</p> <p><b>EQUIPMENT ACCOUNT CODE &amp; CAMPUS CODE:</b> (For new line only) Provide account to charge for equipment billing of this new line and the 2-character campus code.</p> <p><b>TOLL ACCOUNT CODE &amp; CAMPUS CODE:</b> (For new line only) Provide account to charge for monthly toll calls made on this new line and the 2-character campus code.</p> <p><b>FISCAL OFFICER:</b> (For new line only) Typed name and signature of fiscal officer, line# and date.</p>

# INSTRUCTIONS FOR COMPLETING TELECOMMUNICATIONS FORMS

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FORM NAME	USE	INSTRUCTIONS FOR COMPLETING FORM
<b>TRANSFER OF LINE NUMBERS</b> UHT Form 2A	Transfer ownership of an existing line (billing, departmental responsibility) to another department or departmental section.	<p><b>FROM:</b> Name of department initiating the transfer.</p> <p><b>LINE NUMBER:</b> Prime directory number (PDN) of the line being transferred.</p> <p><b>NEW ACCOUNT CODE:</b> Provide the account code(s) that will be billed for the monthly recurring Equipment and toll charges associated with the line.</p> <p><b>CAMPUS CODE:</b> Provide 2-character campus code for the account.</p> <p><b>TRANSFER FROM DEPARTMENT:</b> Name of the department who is presently responsible (financially) for the line.</p> <p><b>TO DEPARTMENT:</b> Name of department that will be responsible for the line once the transfer is completed.</p> <p><b>OLD FISCAL OFFICER:</b> To be signed and completed by the Fiscal Officer that oversees the account code that is currently billed for the line.</p> <p><b>NEW FISCAL OFFICER:</b> To be completed and signed by the Fiscal Officer responsible for the account that will be charged once the transfer is completed.</p> <p><b>OLD DEPT. COORDINATOR:</b> To be completed and signed by the Department Telecom Coordinator assigned to the line being transferred.</p> <p><b>NEW DEPT. COORDINATOR:</b> To be completed by the Department Telecom Coordinator that will be assigned to the line being transferred.</p>
<b>CALLING CARD REQUEST</b> UHT Form 3B (Rev. 9/96)	Sprint FON card for UHM business-related long distance calls should be used only when traveling outside of Oahu.	<p>Provide complete information, including appropriate approvals; and submit to UH ITS-Telecommunications. Calling card requests can be processed within 3 working days or sooner if necessary. Notification will be given when the card is ready for pick up. The individual issued the card must appear in person with a picture ID to sign for and pick up the card.</p> <p><b>FROM:</b> To be completed and signed by Department Telecom Coordinator</p> <p><b>NAME:</b> Name of the individual the card will be issued to.</p> <p><b>LINE#:</b> Line number of the individual the card will be issued to.</p> <p><b>ACCOUNT TO CHARGE AND CAMPUS CODE:</b> Provide account to charge and the 2-character campus code for calls placed against this card.</p> <p><b>APPROVAL:</b> Departmental authorization must be provided by a Dean, Principal Investigator, Department Chairperson, etc; line# and date. Fiscal Officer signature, line# and date are also required.</p>

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FORM NAME	USE	INSTRUCTIONS FOR COMPLETING FORM
<b>ACCOUNT CODE CHANGE REQUEST FOR TELEPHONE LINES</b>  UHT Form 4 (Rev. 9/96)	Update equipment and/or toll account codes for telephone lines.  Change ownership of line(s) from one department to another.	Provide complete information, including appropriate approvals; and submit to UH ITS-Telecommunications. Incomplete forms will be returned to the Department Telecom Coordinator.  Note: When ownership of lines change from one department to another, required signatures of both departments must be submitted on form.  <b>FROM:</b> To be completed and signed by Department Telecom Coordinator. <b>LINE#:</b> Line number(s) affected by account code change. <b>NEW EQUIPMENT ACCOUNT CODE &amp; CAMPUS CODE:</b> Provide new account to charge for equipment billing and the 2-character campus code. <b>NEW TOLL ACCOUNT CODE &amp; CAMPUS CODE:</b> Provide new account to charge for toll calls and the 2-character campus code. <b>EFFECTIVE DATE:</b> Provide effective date. Past date cannot be made retroactive to that date. <b>APPROVAL:</b> Departmental authorization must be provided by a Dean, Principal Investigator, Department Chairperson, etc; line# and date. Fiscal Officer signature, line# and date are also required.
<b>ACCOUNT CODE CHANGE REQUEST FOR AUTHORIZATION CODES</b>  UHT Form 4A (Rev. 9/96)	Update toll account codes for authorization codes.	Provide complete information, including appropriate approvals; and submit to UH ITS-Telecommunications. Incomplete forms will be returned to the Department Telecom Coordinator.  <b>FROM:</b> To be completed and signed by Department Telecom Coordinator. <b>USERNAME:</b> Name of individual assigned authorization code. <b>LINE#:</b> Line number that call details should appear under. <b>NEW TOLL ACCOUNT CODE &amp; CAMPUS CODE:</b> Provide new account to charge for authorization code and the 2-character campus code. <b>EFFECTIVE DATE:</b> Provide effective date. Past date cannot be made retroactive. <b>APPROVAL:</b> Departmental authorization must be provided by a Dean, Principal Investigator, Department Chairperson, etc; line# and date. Fiscal Officer signature, line# and date are also required.
<b>ACCOUNT CODE CHANGE REQUEST FOR CALLING CARDS</b>  UHT Form 4B (Rev. 9/96)	Update toll account codes for calling cards.	Provide complete information, including appropriate approvals; and submit to UH ITS-Telecommunications. Incomplete forms will be returned to the Department Telecom Coordinator.  <b>FROM:</b> To be completed and signed by Department Telecom Coordinator. <b>USERNAME:</b> Name of individual assigned calling card. <b>LINE#:</b> Line number associated with above individual <b>CALLING CARD#:</b> Provide first 10 digits ONLY of calling card number. <b>NEW ACCOUNT CODE &amp; CAMPUS CODE:</b> Provide new account to charge for calls placed against this card and the 2-character campus code. <b>EFFECTIVE DATE:</b> Provide effective date. Past date cannot be made retroactive. <b>APPROVAL:</b> Departmental authorization must be provided by a Dean, Principal Investigator, Department Chairperson, etc; line# and date. Fiscal Officer signature, line# and date are also required.