

SPH: DATA & NETWORK REQUEST FORM

This Form Is To Be Completed By A Supervisor

Division _____ Date _____
Employee's Name _____ Phone _____
Email Address _____
Supervisor Name _____ Signature _____ Date _____

Data network connection orders will take approximately 3-4 weeks

REQUEST FOR INSTALLATION OF NEW NETWORK NODE:

RUSH orders are NOT available

Research Administrative Academic

Location for Network Node Installation: Room: _____ Building: _____

Please attach a floor plan to this form showing location for new node (floor plans are required)

Comments or Special Instructions:

REQUEST FOR ACTIVATION OF EXISTING NETWORK NODE:

Research Administrative Academic

Name of existing Network Node: _____

Location of existing Network Node: Room: _____ Building: _____

Please attach a floor plan to this form showing location of existing node (floor plans are required)

Comments or Special Instructions:

COMPUTING OFFICE REVIEW (This area to be completed by ISO before sending to 50 UHall)

The following is to be completed by the Computing Office Only

New Network Installation: Location reviewed and approved: _____
IP Address: Provide new: _____ Use Existing #: _____
Monthly Rates will be charged: Yes: _____ No: _____
Computing Office Systems Manager Signature Required: _____
Signature _____ Date _____

BILLING INFORMATION

The following is to be completed by the Financial or Division/Unit Manager Only

Billing Change: _____
Current Charges: Project Title/Chart String (Chart String Only)
Installation charges billed to: _____
Project Title/Chart String (Chart String Only)
Monthly Rates should be billed to: _____
Project Title/Chart String (Chart String Only)
Financial/Division Manager Signature Required: _____
Signature _____ Date _____

Requisition # _____ (for office use only)

*****Please forward form to Computing Office (ISO). ISO to send completed form to 50 UNIVERSITY HALL*****