

VOICE MAIL SYSTEM QUICK CHANGE REQUEST

Voice Mail Administrators - Trish Souder 301-496-8497, Bonney Adams 301-435-9919 or Stacey O'Connor 301-594-9427

NAME OF PERSON SUBMITTING REQUEST	TELEPHONE NUMBER	DATE SUBMITTED: <i>(Your request will be processed within 2 working days)</i>	
FAX DIRECTLY TO: HHS Voice Mail Administrator (FAX Number 301-435-9907)			BILLING ACCOUNT CODE (BAC)
CONTACT NAME	CONTACT TELEPHONE NUMBER	ORGANIZATION *	
	CONTACT FAX NUMBER		

Six (6) types of transactions are allowed with this request. You may change or modify up to 5 mail boxes per request form. Enter the type of change and the data required for each transaction. When the form is completed, fax to the Voice Mail Administrator at 301-435-9907. **No Menu changes will be considered on this form.** Menu changes **must** go through your Administrative Officer (AO) or Telecommunications Office.

- Type 2: **Change number of rings before transfer to voice mail:** Enter change type 2, mailbox number, name and ring cycle between 1 and 6.
- Type 3: **Reset password:** Enter change type 3, mailbox number and name. We will reset the password to match the 5-digit mailbox number.
- Type 4: **Add mailbox to line:** Enter change type 4, mailbox number (last 5 digits of telephone number), name, attendant number (if applicable) and organization.
- Type 6: **Delete Mailbox:** Enter change type 6, mailbox number, name.
- Type 7: **Change attendant number ("0" out number):** Enter change type 7, mailbox number, name and new attendant number.
- Type 8: **Move mailbox:** Enter change type 8, mailbox number, name, new mailbox number and attendant number (if applicable).

Change Type	Mail Box Number	Name	New Mail Box Number	Ring Cycle	Attendant Number	Organization*

Organization * = enter Agency, Institute, Center or Bureau (*i.e., NCI, FDA, CBER*)

Comments:

Administrator Use Only			
DATE RECEIVED	DATE COMPLETED	USER NOTIFIED	COMPLETED BY