

**Information for Telecommunications**  
*To Be Completed by Supervisors*

*All fields must be completed and submitted to Telecommunications prior to the new employee's first day.*

Name (*First and Last*) \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_ Supervisor & Title \_\_\_\_\_

Campus Phone Extension \_\_\_\_\_ St. Olaf Email Address \_\_\_\_\_

Office room number \_\_\_\_\_ Building \_\_\_\_\_

Are they the only user of the office telephone? \_\_\_\_\_ Yes \_\_\_\_\_ No

Account Salary Charged to: \_\_\_\_\_