

LDH TELECOMMUNICATIONS CHANGE FORM

(WHEN YOU ASSIGN ANOTHER EMPLOYEE A DEVICE-THE AGENCY/DISTRICT/FACILITY TELECOMMUNICATIONS COORDINATOR **MUST** SUBMIT THIS FORM TO THE LDH TELECOMMUNICATIONS COORDINATOR)

DATE: _____

AGENCY: _____

SECTION: _____

TELECOM COORDINATOR/LIAISON: _____ BILL PAYER: _____

CELLULAR SERVICES: (ONLY ONE DEVICE ASSIGNED PER EMPLOYEE)

CELL PHONE: AT&T VERIZON **MIFI:** AT&T VERIZON **IPAD:** AT&T VERIZON

ACCOUNT NUMBER: _____

EMPLOYEE NAME CURRENTLY ASSIGNED TO DEVICE: _____

PHONE NUMBER OF DEVICE: _____

CHECK ONE OR ALL THAT APPLY:

EMPLOYEE NAME TO CHANGE DEVICE TO: _____

SUSPENSION - WITH BILLING WITHOUT FULL BILLING** (DEPENDING ON THE DEVICE WILL DEPEND ON CHARGE)

(NOTE:** THERE ARE STIPULATIONS WHEN THIS OCCURS BY THE VENDOR (CONTACT LDH TC FOR FURTHER INFORMATION)

CANCELLATION OF DEVICE: (LIST REASON) _____

(NOTE: DEVICES CAN ONLY BE CANCELLED IF YOUR CONTRACT HAS EXPIRED ON THE DEVICE)

AGENCY/DISTRICT/FACILITY TELECOMMUNICATIONS COORDINATOR SIGNATURE & DATE

LDH TELECOMMUNICATIONS COORDINATOR SIGNATURE & DATE (VERIFYING CHANGED IN SYSTEM)

ZOOM:

****NOTE**** - ZOOM ACCOUNTS **CANNOT** BE TRANSFERRED FROM ONE EMPLOYEE TO ANOTHER.

CANCEL ZOOM ACCOUNT **REMOVE WEBINAR**

USER LICENSE NAME: _____ USER LICENSE EMAIL: _____

BILLING ACCOUNT # _____

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