

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: _____