Community College of Southern Nevada
Request for Long Distance Authorization Code

Name:_____ Title:_____ _____

Department:_____ Supervisor:_ _____

Campus:_____ Room #:_____ Mail Sort Code:_____

Telephone #:_____ E-Mail Address:_____

By signing below, I acknowledge that I have read and agree to the following:

*The employee will be held **financially responsible** for all **personal calls** made using the college-assigned long distance code. Codes are not transferable. The employee must use only his/her assigned code and keep it confidential. This code will remain in effect throughout the employee's tenure at the college. Monthly call reports detailing all long distance calls billed to codes will be distributed to both the supervisor and employee. Employees are **required to reimburse** the college for any **personal long distance calls**. Lost, stolen or compromised codes should be reported immediately (651-4590). It is the employee's responsibility to notify Communication Services **upon separation from the college** so that his/her code is canceled.*

_____

*Employee Signature Date

Justification for Long Distance Code:_____

_____

_____

The above employee requires access to make long distance calls and is approved for a long distance authorization code.

_____

Department Manager or Supervisor Signature Printed Name Date

_____

Department Dean or Associate VP Signature Printed Name Date

_____

VP Signature Printed Name Date

After obtaining proper approval, please forward this form to the Telecommunication Services Department at C2D.