

Voice over IP (VoIP) Service – University of Sri Jayewardenepura
Application for a VoIP Phone Account

1. Name of the Applicant: Rev./Prof./Dr./Mr./Ms.
2. Faculty:
3. Department/Unit:
4. University Email:
(*To inform your username and password)
5. Phone Number: Office: Mobile:
6. Required Period: From: To: (dd/mm/yyyy)
7. Select your requesting category
 - a. On sabbatical/ study leave
 - b. To attend conferences/ seminars (less than one month)
 - c. Differently-abled staff member
 - d. Location which is not possible to provide an analog intercom phone

I have read and understood the instructions given in using the VoIP phone account.

Signature of the applicant

Date:

To: Information Systems Manager – Centre for IT Services

From: Department/Division

I recommend, providing a VoIP phone account for this applicant.

Head of the department

Date:

Issued/Not issued an account.

Deactivated the account.

Team Leader

Date:

Team Leader

Date:

