

interoffice
MEMORANDUM

**Faculty of Child, Family and
Community Studies**

to: New Faculty Member
from: Kathleen Wallden
subject: Office Number, Telephone
date: 6 September 2007

Welcome to the Faculty of Child, Family and Community Studies. You have been assigned to office 2600C. Your office mates will be Ross Gibson and Teri Corcoran, both of CYCC, and Seanna Quressette and Debbie Suian, both of CSSW. Teresa Cosgrove has also been assigned to this office. The telephone local is equipped with three voice boxes for messages. Your telephone number is 527-5829 and the box number is 8197.

To access from outside the College:

DIAL 604-527-5335 and the attendant will ask for your 4 digit mailbox number (8197).
WAIT FOR VOICEMAIL GREETING AND **INTERRUPT** BY
DIALING *
ENTER PASSCODE 819797

You will be advised of how many messages you have. The prompts (7 to play, 3 to discard, 5 to keep, 9 to exit, etc.) will activate.

To access your voice box from your office:

84*8197 - follow prompts

For callers to leave a message for you:

The caller dials 604-527-5829 and, in your absence, presses the number 1 key to enter your voicemail.

FOR EMERGENCIES, PLEASE GIVE YOUR FAMILY THE FRONT OFFICE NUMBER (527-5484 - 8:30 a.m. - 4:30 p.m. Monday to Friday).

THE ONUS IS ON THE VOICE BOX OWNER TO RETRIEVE HER/HIS MESSAGES DAILY. Messages are kept for only two weeks before being discarded. A previously played message is saved for only 72 hours. Please access regularly and discard unnecessary messages as soon as possible.

Your photocopier number is 3233. Please see Barbara Hill, the Departmental Assistant in room 2826, for any help with the copier.

If you have any questions, please call me (604-527-5121). Thank you.

FACILITES SERVICES – ROOM 4800

KEY REQUEST FORM

FEES

1. \$10.00 deposit is required for *STUDENTS*
2. \$5.00 replacement fee is required for each *LOST* or *STOLEN* key
3. All fees must be paid to the *CASHIER* prior to issuing keys.

Please ✓ one: STAFF FACULTY AUX ADMINISTRATOR

DATE: _____

EMPLOYEE ID NO.: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

PHONE LOCAL: _____

KEYS REQUIRED

KEYS RETURNED

ROOM NO.	KEY NO.	ROOM NO.	KEY NO.

AUTHORIZED SIGNATURE: _____