

SYSTEMS ADMINISTRATOR AGREEMENT

In order to serve you better, the Telecommunications Department has implemented a Systems Administrator Plan. Each department will select an employee to be their Systems Administrator. The Systems Administrator will be responsible for the following:

1. Training new employees on how to use your telephone system/phones
2. Training a replacement Systems Administrator if you should leave your department
3. Performing customer administrative programming on your phones (if applicable)

The Telecommunications Department will train your employees and Systems Administrator when you convert to a new phone system. The Telecommunications Department will train your first appointed Systems Administrator on your existing phone system. There is no cost for training when you convert to a new phone system or for training your first appointed Systems Administrator.

After the initial training, the Systems Administrator will be able to assist your department with refresher training and the training of new staff.

If you choose to have Telecommunications provide any special training, at the mutual consent of the department and Telecommunications, we will provide that service at a charge of \$55.00 per hour. Contact Telecommunications at 273-1234 if you have any questions, or to submit a work order.

THE SYSTEMS ADMINISTRATOR FOR OUR DEPARTMENT IS:

| Primary | Alternate |
|------------------|------------------|
| Name: | Name: |
| Dept: | Dept: |
| Bldg: | Bldg: |
| Phone: | Phone: |
| E-mail Address: | E-mail Address: |
| Mailing Address: | Mailing Address: |

Sub Administrators can be assigned for larger departments. If you choose to assign Sub Administrators, check below and provide Sub administrator information on the reverse of this form.

_____ One or more Sub Administrators have been assigned and are listed on the back.

We have chosen our System Administrator and have informed our department employees to contact the Systems Administrator for assistance in programming and training on our telephones.

Authorizing Signature

Date

Please Print Name of Authorizing Official

Telecommunications Signature

Date

Systems Administrators – Sub Administrators

Sub Administrator

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| Name: |
| Dept: |
| Bldg: |
| Phone: |
| E-mail Address: |
| Mailing Address: |

Sub Administrator

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| Name: |
| Dept: |
| Bldg: |
| Phone: |
| E-mail Address: |
| Mailing Address: |

Sub Administrator

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Sub Administrator

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Sub Administrator

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Sub Administrator

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Sub Administrator

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Sub Administrator

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| Bldg: |
| Phone: |
| E-mail Address: |
| Mailing Address: |