

Office of Telecommunications

Cable TV Mission Statement

The Office of Telecommunications provides oversight and administration of the cable television services at Chicago State University. Our responsibilities include ensuring that our cable provider meets the requirements and obligations stated in their franchise agreement. We are responsible for monitoring services and regulatory policies to include customer service standards as deemed by our provider and our agreement. The Office of Telecommunications promises to respond to inquiries regarding new service, repair request, and complaints relating to cable television services in a timely manner.

Policy

The Office of Telecommunications provides satellite Cable TV through our vendor as an added feature to our campus communication services. Our objective is to administer, monitor, and regulate Cable TV services according to FCC rules, State of Illinois guidelines, and Chicago State University's policies and procedures. In efforts to provide excellent customer service to our constituents throughout our campus community, departments wishing to install cable TV must do so through the Office of Telecommunications, (no exceptions). All departments requesting services will be required to assume all cost associated with the installation and monthly service fees. All start-up cost must be received in the Office of Telecommunications prior to the installation date. No request will be honored without the consent and signature(s) of the Department Chair, Head, Dean, or VP. The Office of Telecommunications (OTC) is responsible for Cable TV services only. Departments are responsible for providing all peripheral equipment and or accessories for viewing purposes, i. e. (TV, DVD, VCR, etc.). **When purchasing your TV monitor, make sure the specs include HDMI/ATSC/QAM/NTSC with PC Input.**

Cost and Procedure

Cable TV requests are to be submitted to the Office of Telecommunications (OTC) using the Voice Service Request Form (VSRF) (located below). The OTC will schedule a meeting with the contact person listed on the form to perform a survey of the area(s) where the cable TV service is being requested. Following the meeting, cost will be calculated, to include the cable drops, programming, maintenance, etc., and submitted to the requesting department's fiscal officer. OTC must receive payment for the service prior to beginning the installation.

The cost for the service is not prorated. All service will be billed on an annual fee of \$700 per location (\$20 per month for 72 programmed stations and \$38 per month for maintenance and leased equipment). Installation of cable drops will require a 5-7 business day turnaround time. New cable TV installations will incur a one-time minimum fee of \$500 for each cable run.

Existing cable TV customers will be sent an invoice at the beginning of each fiscal period for cable TV services. Payment must be made to the Cashier Office with a receipt provided to the Office of Telecommunications no later than August 30th of that fiscal year to retain your cable TV service. Cost is subject to decrease as more users sign-on to the University cable TV service. Please remember, the Office of Telecommunications **does not** purchase Televisions or any accessories associated with or for viewing purposes. All cost associated with installation and equipment rest solely on the requesting party.

Please direct your inquiries for additional information to Curticine Doyle at extension 2563 or send an email to TIMS@csu.edu.

Telecommunications Service Request Form

(Fax completed form to ext 3762 - Office of Telecommunications, Questions, call x2559)

1. Name: _____ 2. Extension: _____ 3. Bldg/Flr: _____

4. Department Name: _____ 5. Dept Head Approval: _____

6. Request Date: 8/10/11 _____ Email Address of Contact _____

8. Dept/Unit Contact: _____ 9. Contact Ext.: _____ 10. Dept Acct.: _____

11. Data Jack Request* 12. Telephone Service
(*Must complete a ticket with the iTD Help Desk, Ext. 3963.)

13. Change in Service:

Move Change Remove Add (New Service)

14. Type of Service Requested:

Extension Voice Mail Fax or Modem Cable TV

15. Name on extension/voicemail:

16. Date/Time availability:

Date: _____ Time: _____

Department Telephone Project

*Please call ext. 2559 to schedule a meeting to discuss any moves/installs involving three or more extensions.

Additional comments or other needs

For Telecommunications Use Only

Telephone Model: _____ NCOS: _____

Approved

Denied

Required, Funds Transfer to LI0315-1700 _____