

Fax back if requested. Keep for your records  
Assignment ID: 1235415126

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<b>Title</b>		<b>Assignment Date</b>	
AP Replacement		September 2, 2020 8:00AM to September 2, 2020 5:00PM EDT <b>CHECK IN REQUIRED</b>	
<b>Description</b>		<b>ARRIVAL TIME</b> _____ AM/PM	
Tech must bring to site:		<b>DEPARTURE TIME</b> _____ AM/PM	
8 foot Ladder			
Basic Tools			
Replace existing access points with new access points		<b>Contact Information</b>	
Test new access points		<b>Support Contact</b> Service Desk (866) 566-4295	
Pack and drop off de-installed access point to local UPS		<b>Assignment Location</b>	
<b>Custom Information</b>		S17145 - SUWANEE, GA 2625 PEACHTREE PKWY SUWANEE, GA 30024 USA	
<ul style="list-style-type: none"><li>Client Name: CVS PHARMACY, INC.</li><li>Case ID #: PRJTASK3487218</li><li>Customer PO #:</li><li>Customer Ticket #:</li></ul>			
<b>Notes</b>			
<div></div>			
<b>Approval</b>			
By signing below, you acknowledge your agreement with the satisfactory completion of the assignment details listed above. Additionally, you verify the accuracy of the arrival and departure time(s) entered on this form.			
Customer Name (Printed)	Customer Signature	Date	

**Title**

AP Replacement

**Assignment Date**

September 2, 2020 8:00AM to  
September 2, 2020 5:00PM EDT

**CHECK IN REQUIRED**

**ARRIVAL TIME**

\_\_\_\_\_ AM/PM

**DEPARTURE TIME**

\_\_\_\_\_ AM/PM

**Contact Information****Support Contact**

Service Desk  
(866) 566-4295

**Assignment Location**

**S17145 - SUWANEE, GA**  
2625 PEACHTREE PKWY  
SUWANEE, GA 30024  
USA

**Description**

**Tech must bring to site:**

**8 foot Ladder**

**Basic Tools**

**Replace existing access points with new access points**

**Test new access points**

**Pack and drop off de-installed access point to local UPS**

**Custom Information**

- Client Name: CVS PHARMACY, INC.
- Case ID #: PRJTASK3487218
- Customer PO #:
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**Notes****Approval**

By signing below, you acknowledge your agreement with the satisfactory completion of the assignment details listed above. Additionally, you verify the accuracy of the arrival and departure time(s) entered on this form.

\_\_\_\_\_  
Customer Name (Printed)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Title**

AP Replacement

All spend limit requests must be documented and approved.  
Questions, change of scope or spend limit requests should be directed to:  
Service Desk, service@telaid.com, (866) 566-4295

**Description****Tech must bring to site:****8 foot Ladder****Basic Tools****Replace existing access points with new access points****Test new access points****Pack and drop off de-installed access point to local UPS****Instructions**

Replace 1 Access Point in Pharmacy, Temporarily Install and Test Wireless Extender in Changing Room

Tech is to follow all steps and the instructions in the install guide. High level overview is listed below:

Instructions:

- Call into Telaid Help Desk 1-866-566-4295 to check in.
- Check in with the Target Customer Service Desk
- Obtain package from CVS Pharmacy
- Replace existing AP in Pharmacy
- Take photo of access point installed
- Confirm functionality of unit
- Take photo of successful test
- Install wireless extender inside of available electrical outlet in changing room. Please be conscious of customers in this area, this is a very sensitive area.
- Confirm functionality of unit
- Take photo of wireless extender installed
- Take photo of successful test
- UNPLUG WIRELESS EXTENDER AND RETURN TO PHARMACY – THIS IS ONLY FOR CHANGING ROOM SITES

**Assignment Date**

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September 2, 2020 5:00PM EDT

**CHECK IN REQUIRED****ARRIVAL TIME**

\_\_\_\_\_ AM/PM

**DEPARTURE TIME**

\_\_\_\_\_ AM/PM

**Contact Information****Support Contact**

Service Desk  
(866) 566-4295

**Assignment Location**

**S17145 - SUWANEE, GA**  
2625 PEACHTREE PKWY  
SUWANEE, GA 30024  
USA

- Have pharmacist sign work order confirming the wireless network is working in the pharmacy
- Pack up the deinstalled access point, seal and drop off at a local UPS. In the event of an unsuccessful installation, please take defective unit with you and escalate to Telaid PMO, they will provide you with a new label to return the unit. DO NOT USE THE INCLUDED LABEL IF INSTALLATION FAILS.
- Call into Telaid Help Desk 1-866-566-4295 to check out, let them know status of install

Please make sure you have all of the appropriate paperwork with you which includes:

- Telaid work order
- CVS Install Guide
- Telaid shirt and badge
- Cell phone with ability to send photos from site

IF THERE ARE ANY ISSUES WITH INSTALL, STOP AND CALL INTO TELAID HELP DESK. ASK TO SPEAK TO A MEMBER OF THE CVS PMO TEAM

Any potential OOS issues will need to be addressed and documented while onsite with a Telaid Project Manager. If OOS is not communicated/reported real time, no OOS will be approved.

## Completion Details

### Instructions

All Required deliverables are due upon check out. Deliverables must be submitted prior to requesting an expense reimbursement. This will allow Telaid to review for timely payment approval.

If deliverables are not received within 24 hours from check out, a 10% deduction penalty will be automatically applied to the assignment.

If no deliverables are received within 72 hours from check out, a \$0 payment will be applied to your assignment and another resource will be dispatched to complete the scope of work.

### Deadline

Deadline to submit attachments is **24** hours after assignment start.

### Deliverables

You are required to include **4** attachment(s) for this assignment:

- 1 Photos
- 1 Photos
- 1 Photos
- 1 Sign Off Form

**Custom Information**

- Client Name: CVS PHARMACY, INC.
- Case ID #: PRJTASK3487218
- Customer PO #:
- Customer Ticket #:

**Parts & Logistics**

Parts will be supplied by the client.  
The parts will be shipped to the address specified on your profile.  
1048 Chase Creek Ct  
Lawrenceville, GA 30044

**Code of Conduct**

Technicians must represent themselves as a Telaid technician, wear either a polo shirt or a buttoned shirt with collar, and clean pants.

**Terms of Agreement**

If you are running late, you must notify us before the ETA is missed and provide us with your new ETA. •A 5% deduction penalty will be applied for late arrival to service jobs, unless client penalty is greater. •A \$100 deduction penalty will be applied for each late arrival occurrence on project work, unless client penalty is greater. •If late arrival occurred on work requiring a firm ETA, you risk losing Firm ETA jobs (service or project) for 30-60 days at our discretion. •The firm ETA penalty above will be cross-referenced to all Auto-Routed talent pools and repeat offenders will be removed from Auto-Routing for 30-60 days at our discretion. All required deliverables are due upon Check Out. Deliverables must be submitted prior to requesting an expense reimbursement. This will allow Telaid to review for timely payment approval. If deliverables are not received within 24 hours of Check Out, a 10% deduction penalty will be automatically applied to the assignment. If no deliverables are received within 72 hours from Check Out, a \$0 payment will be applied to your assignment and another resource will be dispatched to complete the scope of work.

## Print Badge

Use this badge to take with you and show on site for your assignment.



**LaToya Cutliff**

On behalf of: **Telaid**  
Valid: 9/02/2020 8:00AM to  
9/02/2020 5:00PM EDT  
For: AP Replacement (1235415126)