

PARKING PERMIT ALLOCATION REQUEST

_____	_____	_____	
Date	Department Number	Employee Requesting Parking (Last Name, First Name)	
_____	_____	_____	_____
Liaison Name	Department Name	Employee ID (People Soft)	Building Code
_____	_____	1._____ 2._____ 3._____	Current Lot _____
Phone	Campus Box Number	Preferred Lot	

Special Consideration/Reasons for requesting specified lot: _____

_____ This employee is currently a Faculty/Staff member listed under our department number in PeopleSoft and is being paid via monthly payroll.

_____ This employee is currently holding a temporary position in our department and is being paid on a biweekly basis or through an agency other than the University Payroll system.

OFFICE USE ONLY

Permit authorized by: _____ Date: _____ Lot(s): _____ Long Term Temp _____ Regular F/S _____ Buff _____ Expires: _____

Permit fee \$ _____ MO _____ WK _____ Pay via: Payroll Deduct _____ IN _____ N/C _____ Cash/Check/Credit Card _____

Comment: _____