

PARKING PERMIT ALLOCATION REQUEST FORM

_____	_____	_____	
Date	Department Number	Employee Requesting Parking (Last Name, First Name)	
_____	_____	_____	_____
Liaison Name	Department Name	Employee ID	_ Building Name
_____	_____	1._____ 2._____ 3._____	Current Lot_____
Liaison Email	Desired Permit Start Date	Preferred Lot Order	

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.