

**EMPLOYEE PARKING PERMIT REQUEST FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Department: \_\_\_\_\_  
 City, State Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Work Schedule:  Day Shift  Evening Shift  Night Shift  Weekends  
*(check applicable)* Employee Type:  Full-Time  Part-Time  Per-diem  Other \_\_\_\_\_  
*(check applicable)*

I do not park on campus and decline a parking permit. I understand that I must obtain a permit to park on campus.

Reason: \_\_\_\_\_  
*Please clarify how you will be traveling to and from campus if you are declining a parking permit.*

**VEHICLE/MOTORCYCLE REGISTRATION INFORMATION**

Permit Type: *(check one)*  **AREA 1**  **AREA 3** Handicap Permit #: \_\_\_\_\_  

License Plate #	State	Make	Model	Color
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**PAYROLL DEDUCTION**

*(Check One)*  I hereby authorize UConn Health to deduct the cost of my parking permit from my paycheck through payroll deduction. The current parking fee is \$ \_\_\_\_\_ per pay period. I understand and agree that the parking fee may be adjusted from time to time, and I authorize UConn Health to deduct the applicable parking fee in effect at the time of each payroll deduction. This authorization will remain in effect until I revoke it in writing or until my parking privileges end, whichever occurs first.  
 I hereby authorize the State Comptroller to cancel my current payroll deduction.

**SIGNATURE**

\_\_\_\_\_  
 Signature of Employee (Original Signature) State Employee ID Number Date

**FOR OFFICE USE ONLY**

Permit Issue Date: _____	Amount(s) _____	Payment Type: <i>(check one per payment)</i>			
Permit Cancel Date: _____	Paid: _____	Cash	Check	CC	PD
Permit Type/Permit #: _____	\$ _____				
Parking Signature/Date: _____	\$ _____				