UCONN HEALTH

Administrative Support Services

EMPLOYEE PARKING PERMIT REQUEST FORM

Last Name: _____ First Name: _____

Home Address: _____ Department: _____

City, State Zip Code: _____ Email Address: _____

Work Phone: _____ Mobile Phone: _____

Work Schedule: *(check applicable)*
- ☐ Day Shift
- ☐ Evening Shift
- ☐ Night Shift
- ☐ Weekends

Employee Type: *(check applicable)*
- ☐ Full-Time
- ☐ Part-Time
- ☐ Per-diem
- ☐ Other _____

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

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 the State Comptroller to start the deduction of $ _____ from each paycheck and remit said amount to the University of Connecticut Health Center.

☐ 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: _____

Permit Cancel Date: _____

Permit Type/Permit #: _____

Parking Signature/Date: _____

Amount(s) Paid:

$ _____

$ _____

Payment Type: ***(check one per payment)***

Cash	Check	CC	PD

Administrative Support Services - 263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230
Phone: 860-679-4248; Fax: 860-679-0194 - Email: parking.transportation@uchc.edu; Website: http://www.health.uconn.edu/park
An Equal Opportunity Employer

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