

Revision Date: July 2013

PARKING PERMIT PAYROLL DEDUCTION AUTHORIZATION

To be completed by Human Resources:		
Name:	Department:	
Bargaining Unit: (Circle One) 1, 2, 3, 4, 5,	7, 8, 9, 10, C99, M80	
Units 2, 3, 5, 7, 9: 10/12, Academic	Year, or Cruise (\$9 per month)	12-month (\$12 per month)
Units 1, 4, 8, C99, M80: 10/12 or Cru	ise (\$15 per month) 🔲 12-mont	h (\$18 per month)
Unit 10: 12-month (\$16 per month)		
HR Authorization:	Date:	
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To be completed by the employee:	Social Security #:	
Home Address:	City:	Zip:
Home Telephone:	Cell:	Campus Ext
Vehicle Make:	Color:	Year:
State and Vehicle License #		
I, the undersigned, have been given a copy of the vehicle on campus is considered a privilege that understand that illegally parked vehicles may be is non-transferable to any other individual. If the that the above vehicle is covered by bodily injury.	may be withdrawn for violation of Unive e cited, immobilized, or towed at my exp ne permit is lost or stolen - report it imn	ersity and vehicle code regulations. I bense. The parking permit issued to me nediately to Public Safety. I certify
Employee Signature:		Date:
	1444444444444444444444444444	444444444444444444444444444444
To be completed by the Cashier:		
Permit Number:Date Issu	ued:Cashier:	