



PARKING PERMIT PAYROLL DEDUCTION AUTHORIZATION

To be completed by Human Resources:

Name: _____ Department: _____

Bargaining Unit:

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 Cruise (\$15 per month) 12-month (\$18 per month)

Unit 10: 12-month (\$16 per month)

HR Authorization: _____ Date: _____

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 CMA parking regulations and understand that the use of a private motor vehicle on campus is considered a privilege that may be withdrawn for violation of University and vehicle code regulations. I understand that illegally parked vehicles may be cited, immobilized, or towed at my expense. The parking permit issued to me is non-transferable to any other individual. If the permit is lost or stolen - report it immediately to Public Safety. I certify that the above vehicle is covered by bodily injury and property damage liability insurance.

Employee Signature: _____ Date: _____

To be completed by the Cashier:

Permit Number: _____ Date Issued: _____ Cashier: _____