Submit by Email | Print Form

DEPARTMENT OF MEDICINE
STAFF / FACTULTY PARKING APPLICATION 2008 – 2009

☐ First Time Permit ☐ Renewal

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____
LAST, FIRST M.I.

DIVISION	PAYROLL TITLE
WORK PHONE #	WORK LOCATION

APPOINTMENT TYPE ☐ Staff ☐ Academic/Faculty

APOINTMENT STATUS ☐ Career ☐ Limited ☐ Resident ☐ UC Student

PARKING PERIOD ☐ Annual ☐ Summer ☐ Fall ☐ Winter ☐ Spring ☐ Monthly

PAYMENT TYPE ☐ Personal Check ☐ Recharge ☐ Credit Card ☐ Payroll Deduction

TYPE OF PERMIT ☐ Individual ☐ 2 Person Carpool ☐ 3 Person Carpool

☐ **SECOND STICKER** (please attach check for $30.00, payable to "UC Regents")

YOU MUST INDICATE YOUR REQUESTED PARKING ASSIGNMENT AS CURRENT PARKING ASSINGMENTS CANNOT BE GUARANTEED.

CURRENT PARKING ASSIGNMENT	
REQEUSTED PARKING ASSIGNMENT (FIRST CHOICE)	
REQUESTED PARKING ASSIGNMENT (SECOND CHOICE)	

(For Personnel Use Only)

ASSIGNED ALLOCATION _____ EFF. DATE _____ HIRE DATE _____