

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)	<input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Weekends	Employee Type: (check applicable)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-diem <input type="checkbox"/> Other _____

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
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FOR OFFICE USE ONLY

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