

**EMPLOYEE PARKING PERMIT REQUEST FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Department: \_\_\_\_\_  
 City, State Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Employee Type:  Full-Time  
 (check applicable)  Part-Time  
 Per-diem  
 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

**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: _____	\$ _____				