UCONN HEALTH

Parking, Transportation & Event Services

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)*
- ☐ Day Shift
- ☐ Evening Shift
- ☐ Night Shift
- ☐ Weekends

Employee Type: *(check applicable)*
- ☐ Full-Time
- ☐ Part-Time
- ☐ Per-diem
- ☐ Other _____

I do not park on campus and decline a parking permit. I understand that I must obtain a permit to park on campus.

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 UConn Health. I understand this deduction will be made on a pre-tax basis, pursuant to the University's Pre-Tax Parking Plan. By not checking this box I understand it is my responsibility to contact Parking, Transportation & Event Services to arrange for payment.

☐ 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

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

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