



Payroll Deductible Parking Request

Use this form for both permanent employees and department-paid temporary employees who can be payroll deducted for their parking assignments.

****All Fields Must Be Completed****

BEACON # (8 digits)		Last Name:		First Name:		MI
Department Code:		Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Department Temp		Department:		Division:
Transaction Type: <input type="checkbox"/> New Assignment <input type="checkbox"/> Transfer		Initial Assignment or Transfer From: Lot #: Space or Permit #:		Transfer To: Lot #: Space or Permit#:		Effective Date: Transponder/Gate Card #:
Home Address						
Mailing Address:				City:	State: NC	Zip+4:
Work Address						
MSC #:				City:	State: NC	Zip+4:
Building Name:		Work Phone:		Work Email:		
Vehicle Information						
Vehicle 1	Plate #:	State:	Make:	Model:	Color:	
Vehicle 2	Plate #:	State:	Make:	Model:	Color:	
Vehicle 3	Plate #:	State:	Make:	Model:	Color:	
Payment Information						
Employee Payroll: <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly		Monthly Parking Fee: \$ _____		Comments: (State Parking Use Only) _____ _____		
Terms and Conditions						
By accepting a PARKING ASSIGNMENT, the employee agrees to the following: <ol style="list-style-type: none">1. I will abide by the Operational Policies of the State Parking Division.2. Payroll deductions for my PARKING ASSIGNMENT will be made and credited to my parking account.3. My payroll deductions may be adjusted for space and fee changes.4. I will be responsible for all fees associated with my PARKING ASSIGNMENT until State Parking is notified in writing to terminate my PARKING ASSIGNMENT.5. I agree to promptly notify State Parking of any changes to my account data, i.e. license plate information, contact phone numbers, etc.6. I will not register a coworker's vehicle to my space/permit unless approved by the State Parking Division.7. State Parking Division reserves the right to provide written termination of this assignment.8. <u>(Reserved Space Only) I have examined my space and I accept it. I understand I may not be able to move again within the same facility.</u>9. Parking assignment/changes are not valid until this form is received and processed by the State Parking Division. <div><div>_____ Employee's Signature</div><div>_____ Date</div><div>_____ Parking Coordinator's Signature</div><div>_____ Date</div></div> <p><i>Incomplete applications will not be processed. Application not valid without signatures.</i></p>						
For State Parking Use Only						
Date Received: _____				Date Processed: _____		