

777 North University
Ann Arbor, MI 48104-1611
Phone: (734) 764-8291
Fax: (734) 763-4041

FOR OFFICE USE ONLY

Option Number _____

Clerk _____

Date _____

Amount _____

Cash Check Charge SUB

2009-2010 PARKING REQUEST FORM

Please complete this form to request parking privileges for new staff, or staff that are ineligible to purchase a parking permit. If the applicant does not qualify for regular parking options, a parking assignment will be made based on need and space availability. Refer to the back for definitions of the terms used. **If there are extenuating circumstances we should consider when processing this request, please attach a detailed memo.**

Date: _____

Applicant

Name _____ UMID _____
First Last
Address _____
City/State/Zip _____

This section must be filled out completely and signed by a Director, Department Head, Manager, or official department designate for personnel matters. Permits will not be issued if the form is incomplete.

Employment Information

Appointment Title _____ # Hours Worked Per Week _____
Appointment Dates: Begin _____ End _____ Appointment % _____ (% of 40 hours per week)
Type of Employment (Check one box. See back of request for definitions.) Regular Temporary

Work Location

Department Name _____ Phone # _____
Campus Address _____ Campus Zip _____

Submitted By

Name (Printed) _____ Title _____
Director, Manager or Personnel Representative
Signature _____ Phone _____

