



University of Calgary **Staff Parking Notification Form**

Primary Site:		
ACH	RGH	RRDTC
FMC	SPT	Other
PLC	SCHC	

o of C Employee Name.	•	O OI C EITIPIOY	se ID #. An.	3 Employee ID #.	Status.	
					FT	PT
Home Address:			Hor	me Phone:	Work Phone:	
Do you wish to be adde	ed to Parking Wait List or Tra	nsfer List? YES	NO Em	ail Address:		
Requested Lot(s):						
To Be Completed by Pa	arking	Effective Date:	Monthly l	_ot Rate:		
Start Cance	el Change					
Access Card #:		Permit#:		Assigned Lot#:		
PAYROLL EFFE FOLLOWING C		Start Payroll deduct Cancel Payroll Dedu Change rate from \$ Leave of Absence	uction on the effectiv	ve date		
Notes:						
conditions and costs for	versity of Calgary Employee, r as long as the parking acce ons from my pay as noted al	ess and permit is in my	possession. I furthe	r authorize my empl	loyer to make the	changes
employment. Failure to displayed according to this application. Failing	cess Cards remain property do so will result in parking for the regulations given with or to abide by any of the regula g privileges or a violation no	<mark>ees being charged unt</mark> r on each permit. Parki ations as outlined in th	i <mark>l such time as the p</mark> ing privileges are lin	<mark>ermit is returned</mark> . Pa nited to the designat	arking permits mu ted lots specified	ist be within
Should you wish to can otherwise parking costs	uld you transfer to another p cel your parking at any time, s will continue be deducted. nit is returned. Any vehicle p	, it will be your respons Leave of Absences (inc	sibility to submit a P cluding sick leave ar	Parking Cancellation and maternity leave) v	form to Parking C will still be charge	Office ed for
	I and agree to abide by the Face use/misuse of permits or a applicable).					
Employee Signature:			Approved by (Parking Services	s):		
Date:			Phor	ne:		