

THE UNIVERSITY OF MICHIGAN-FLINT
Faculty/Staff Employee Parking Permit Application

New:
Renewal:
Oversize Vehicle:

Name: _____

Employee ID #: _____

Department: _____

Department Address: _____

Department Telephone: _____

Employment Status

Permanent:

Temporary:

Retired: (\$25/yr)

<u>Primary Vehicle</u> License Plate #: _____ Year: _____ Make (Chevy, Ford, etc.): _____ Model (Malibu, F250, etc.): _____ Color: _____
--

<u>Secondary Vehicle</u> License Plate #: _____ Year: _____ Make (Chevy, Ford, etc.): _____ Model (Malibu, F250, etc.): _____ Color: _____
--

(Hang tag is transferable between vehicles)

Temporary Parking Permit: (Temporary Employees)

An employee who is employed for a seasonal position or one who is employed on a temporary basis and works month to month. Permit allows employee to park on the University of Michigan-Flint Campus (Monthly fee of \$ 12.50)

Annual Parking Permit: (Permanent Employees)

An employee who is permanently employed by the University for a 12 month period must purchase a parking permit at the full rate of \$ 150 and may park on any University Campus (Flint, Ann Arbor, or Dearborn).

Employee parking permits are for purchaser's use only. They may not be given, exchanged, loaned or sold to others.

A. FOR TEMPORARY PARKING PERMITS:

Fill out section A ONLY if you are selecting a temporary parking permit.

CHOOSE YOUR PAYMENT OPTION:

- Cash (Must pay at Cashier's office before requesting permit)
- Check
- Department (Please include chartfields)
Fund _____ Dept. _____ Program _____ Subclass _____ Year _____
- Payroll Deductions _____ Deductions of \$ _____
(number of deductions) (amount of deduction)

I authorize the annual parking option fee to be paid by deduction once each month from payment of my wages in equal installments, for the number of months I have specified above. I understand and agree that should my payroll deductions be interrupted during any month, the remaining monthly deductions may be altered to ensure collections of the entire remaining balance.

Signature for temporary parking permit deduction

Date

B. FOR ANNUAL PERMANENT PARKING PERMITS:

Fill out section B ONLY if you are selecting the permanent parking permit with/without the continuous parking option.

CHOOSE YOUR PAYMENT OPTION:

- Cash (Must pay at Cashier's office before requesting permit)
- Check
- Department (Please include chartfields)
- Fund _____ Dept. _____ Program _____ Subclass _____ Year _____
- Payroll Deductions 12 Deductions of \$ 12.50
 10 Deductions of \$ 15.00
 _____ Deductions of \$ _____
(number of deductions) (amount of deduction)

SIGN THIS SECTION FOR REGULAR PAYROLL DEDUCTIONS

I authorize the annual parking option fee to be paid by deduction once each month from payment of my wages in equal installments, for the number of months I have specified above. I understand and agree that should my payroll deductions be interrupted during any month, the remaining monthly deductions may be altered to ensure collections of the entire remaining balance.

Signature for annual parking permit Date

CONTINUOUS PARKING OPTION - NEW FOR 2008-09

Continuous parking options include permanent Blue permits only. **The continuous payroll deduction authorization allows a deduction to be taken once a month from your paycheck for as long as you possess the permit.** If you leave the University and/or your payroll deductions stop, you remain financially responsible for the permit fee until the permit is returned to Public Safety. Please note this means that you can accumulate fees for additional permit years if the permit is not returned.

CHOOSE YOUR PAYMENT OPTION:

- 12 Deductions of \$ 12.50
- 1 Deduction of \$150.00

SIGN THIS SECTION FOR THE CONTINUING PAYROLL DEDUCTION (CPD) AUTHORIZATION

I authorize the annual permit parking option fee to be paid by pre-tax payroll deduction, once each month from payment of my wages in equal installments. I understand and agree that this authorization shall continue for the entire time I retain the parking permit issued by the University. I also understand that the annual parking fee may be subject to yearly increases and I authorize the University to increase the monthly payroll deduction accordingly. I understand that I can terminate this deduction by returning the parking permit to the Public Safety office and paying any remaining balance.

I understand and agree that should my payroll deductions be interrupted during any month, the remaining monthly deductions may be altered to ensure collection of the entire annual balance due within the permit year. **If my employment with the University ends, I understand that monthly proration of the annual parking option fee will continue to accrue and that I will be financially responsible for the parking option fee unless and until the parking permit is returned to Public Safety.** If the parking permit option is returned, I authorize the University to deduct the remaining balance due, if any, of the parking permit fee from the last payment of wages or any other payments made to me. I agree to promptly pay any amounts due if I return the permit after the date of the last payment of wages.

Signature for continuing payroll deduction Date

.....
Public Safety Department Use Only

Permit# _____ Audit # _____ Issued _____ Expires: _____

Returned: _____

Lost: _____