

Parking Coordinator Letter 2016-2017

Date:	
Department Name:	Psychology & Neuroscience
PeopleSoft #:	
4 Digit Dept #:	319100- (U3258)
Coordinator Name:	Melanie Egts, HR Specialist
Coordinator Ph#:	919-962-6135

	Assign Zone _____ and/or Cancel Zone _____ Permit # _____ <small style="display: block; text-align: center;">(PERMIT ZONE) (PERMIT ZONE)</small> (Cancelled permits will be held in department's allocation unless issued from DPS's wait list)
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Choose 1 in each section	Employee Status: <hr/> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <hr/> <input type="checkbox"/> University Paid <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
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Circle One	Salary Scale Group X: \$25,000 or less Group A: under \$50, 000 Group B: \$50,000 up to \$100,000 Group C: over \$100,000
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*Temporary Permit: Issue from _____, 20____ until _____, 20 ____.

Customer Name		Vehicle Information	
Name		License Plate #	
PID		Make	
Address		Model	
City		Vehicle Type <small>Circle One</small>	Four Door / Hatchback / Motorcycle / Scooter SUV / Station wagon / Truck / Two Door / Van
State		Color/Year	
Zip		Owner or Driver	

Reminder: Permits are prorated every Monday.

Example: A permit purchased on a Friday would be charged for the entire week.

For Office Use Only:	Date of Transaction: _____	Cashier: LS JC KR PP TM BD KC NF
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Transportation and Parking