

PARKING PERMIT CANCELLATION REQUEST

This form is to be initiated by the employee and must be submitted to the Associated Students Payroll Office after the University Cashier's Office has confirmed receipt of the parking permit.

PART I - TO BE COMPLETED BY THE EMPLOYEE

Name: _____

Red ID#: _____

Position Title: _____

Department: _____

PART II - UNIVERSITY CASHIER'S OFFICE ACKNOWLEDGEMENT OF RECEIPT

ITEMS

SIGNATURE

____ University Parking Permit Returned
to Cashier's Office

University Cashier's Office

Date

PART III - EMPLOYEE ACKNOWLEDGEMENT

I acknowledge that I have turned in my Faculty and Staff Parking Permit to the University Cashier's Office.

Employee's Signature

Date

(OFFICE USE ONLY)

____ Remove Automatic Parking Permit Deduction