

UNIVERSITY OF ROCHESTER

University Parking & Transportation Services

Instructions for Requesting Seasonal, Temporary Or Handicapped Assignment to a Closer-in Parking Lot

Please visit the Medical Center or River Campus Parking Office and they will temporarily provide you with closer-in parking arrangements for two weeks while you make arrangements for your health care provider to submit proper medical documentation.

1. Print a copy of the application from the University Parking and Transportation Services website at: www.rochester.edu/parking/employees Forms are also available at the Medical Center and River Campus Parking Offices.
2. Complete page 1 of the application form. Please be sure to provide the name of your health care provider on the Authorization portion of the application form. This information is necessary to determine eligibility for special parking arrangements. Fax to 585-461-3055 **ATTN: M. Tanksley**
3. Send the Medical Document Request form (page 2) to your healthcare provider with a request that they fax the pertinent medical information about the nature and the length of your impairment to: 585-461-3055 **ATTN: M. Tanksley**

Seasonal, Temporary or Handicap Assignments and Costs

Approval for seasonal, temporary or handicap parking assignments will be based on a review of medical documentation that establishes the existence of a temporary or seasonal ambulatory impairment. Once approval is granted, the individual will be assigned to a closer-in or handicapped area to park in. If that assignment is a higher priced area than their regular lot assignment, the individual will pay a transitional rate of 70% of the higher priced rate for six months. After six months accumulate, the individual will begin to pay the going rate of that assigned area. When approved to a closer-in or handicapped area, a temporary permit will be issued. When the period of eligibility for seasonal, temporary or handicap parking assignment has expired, the individual is required to return to their original parking assignment.

Handicapped Parking Designator

If you are requesting authorization to park in a University handicapped parking space, it is your responsibility (if you have not already done so) to obtain a New York State Handicapped Parking designator through your local municipality. You will receive a \$100 ticket if you park in a designated handicapped space in an employee or student parking lot without **both** a municipality-issued Handicapped Parking designator and a parking permit from University Parking &

Transportation Services. The Parking Office reserves the right to confirm that the handicapped designator is assigned to the individual requesting handicapped parking.

Appeal Process

Those who disagree with a decision regarding their parking placement should submit a written appeal to:

**ATTN: Director, Parking & Transportation Services
University of Rochester; Box 270345
Rochester, NY 14627**

Frequently Asked Questions

Will I have to re-apply every year?

◆ If you are eligible for seasonal or temporary closer-in parking arrangements, you will be notified by the parking office about the need to return to your usual parking assignment or apply for an extension when you reach the end of your period of eligibility for such arrangements.

Will my medical information be shared with my supervisor and/or the Office of Human Resources?

◆ No. Your medical information will not be shared with your supervisor or HR.

Will all requests be approved?

◆ No. Everyone who applies may not meet the eligibility criteria. For example, pregnancy without documented medical complications will not likely be sufficient to substantiate eligibility for closer-in parking.

**UNIVERSITY PARKING & TRANSPORTATION SERVICES
MEDICAL DOCUMENTATION REQUEST**

To be completed by applicant:

Name _____ DOB _____ Empl ID# _____
Address _____ City, State, Zip _____ Tel # _____

I authorize my healthcare provider to release medical documentation regarding my disability or seasonal, temporary or handicap ambulatory impairment to University Parking & Transportation Services to determine my eligibility for seasonal, temporary or handicap parking to a closer-in parking lot and for the duration of my need for a handicapped parking space or assignment to a closer in parking lot. Documentation should be faxed (585-461-3055) ATTN: M. Tanksley

Health Care Provider _____ Tel. _____
Address _____ City, State, Zip _____

I understand that I may cancel this authorization at any time by submitting a written request to my healthcare provider except where a disclosure has already been made in reliance on my prior authorization. I also understand that privacy rules do not protect against re-disclosure of this information.

Patient / Client Signature: _____ Date: _____

**Medical Documentation
To be completed by the Healthcare Provider**

1. Diagnosis _____

2. Nature and severity of the impairment and its impact on the ability to ambulate:

3. Is condition permanent? Yes No

If No, Expected Date of Recovery, if ambulatory impairment is temporary or seasonal:

Comments _____

Provider Signature: _____ Date: _____