2009-2010 University Parking Registration River Campus

Last Name _____ M.I._____ First Name (No Nickname) _____ Emp ID# (6 digits) _____

Home Address _____ City _____ State & Zip _____

UR Dept./Company/School/Agency _____

Address _____ City _____ State & Zip _____

Supervisor _____ UR Phone _____ Cell _____

Shift Staff only ○ Daytime/Rotate ○ Evening 3pm-11am ○ Night 11pm-7am **Pay group** ○ Bi-weekly ○ Semi-Monthly ○ Monthly

Status ○ Full-time Staff 25 Hrs or More ○ Part-time Staff 24 Hrs or Less ○ Strong Staffing ○ Temp Agency ○ Visiting Student ○ Retiree

○ Evening Student After 4pm ○ Resident Student ○ Commuter Student ○ Contractor ○ Third Party ○ Occasional

LICENSE PLATE	STATE	YEAR	MAKE	COLOR	PERMIT #	LOT	COST

METHOD OF PAYMENT: ○ Payroll Deduction ○ Check/M.O. _____ ○ Requisition# _____

○ Credit Card

○ Cash ○ Third Party – Accountant will invoice

Date: _____ Applicant Signature X _____

Your signature validates your intent to purchase a permit from the University of Rochester, authorizes the above payment and compliance with the University Guidelines.