# University Parking Registration Medical Center

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

Home Address _____ City _____ State & Zip _____

UR Dept./Company/School/Agency _____

Supervisor _____ UR Phone _____ Cell _____

Department Address _____ City _____ State & Zip _____

Work Email address _____ Personal email address _____

**Shift** ○ 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 ○ Offsite Requires Letter ○ CBP Requires Letter ○ Pre-Retiree Before 1997 Free
○ After Hours 5pm-10am ○ Student ○ Visiting Student ○ Contractor ○ Third Party ○ Occasional ○ Post-Retiree Lot 1 Free

| LICENSE PLATE | STATE | YEAR | MAKE | COLOR | PERMIT # | AVI# | LOT | COST |
|---|---|---|---|---|---|---|---|---|
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| | | | | | | | | |

**METHOD OF PAYMENT**:
○ Payroll Deduction ○ Check/M.O. _____ ○ Requisition# _____
○ Credit Card# _____ Expiration (Month/Year) _____
○ 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.*