DPSS
PUBLIC SAFETY
UNIVERSITY OF MICHIGAN-FLINT

FACULTY/STAFF EMPLOYEE PARKING PERMIT APPLICATION

***Submit completed form to*:**
Flint.PublicSafety-Parking@umich.edu

Name:	Employee ID:	Department/Campus Address:

Application Type:

❑ **New Faculty/Staff**	❑ **Renewal Faculty/Staff**	❑ **Blue Parking**

Employment Status:

❑ **Permanent**	❑ **Temporary**	❑ **Retired ($25/yr)**

Vehicle Information:

Primary Vehicle: License Plate:_____ Year:_____ Make:_____ Model:_____ Color:_____	Secondary Vehicle: License Plate:_____ Year:_____ Make:_____ Model:_____ Color:_____

**Hang tag is transferable between primary and secondary vehicles identified above.*

Temporary Parking Permit: (Temporary Employees)
An employee who is employed for a seasonal position or one who is employed on a temporary basis and works month to month. Permit allows employees to park on the University of Michigan-Flint Campus (Monthly fee of $15.00). ***Please use Section A***.

Annual Parking Permit: (Permanent Employees)
An employee who is permanently employed by the University for a 12-month period must purchase a parking permit at the full rate of $180-Regular or $360-BLUE and may park at the Flint Campus.
Please use Section B.

**Parking permits are for purchaser's use only;*
and permits may not be given, exchanged, loaned, shared, or sold to others.

Section A. For Temporary Parking Permits:
*Fill out section **A ONLY** if you are selecting a temporary parking permit.*

Choose your Payment Option:

- ❑ Cash (Must pay at Cashier's office before requesting permit) Check
- ❑ Department (Please include chartfields)
  Fund _____ Dept._____ Program _____ Subclass _____ Year_____
- ❑ Payroll Deductions_____ Deductions of $_____
  (number of deductions) (amount of deduction)

I authorize the annual parking option fee to be paid by deduction once each month from payment of my wages in equal installments, for the number of months I have specified above. I understand and agree that should my payroll deductions be interrupted during any month; the remaining monthly deductions may be altered to ensure collections of the entire remaining balance.

Signature for temporary parking permit deduction Date

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Section B. For Annual Permanent Parking Permits:

*Fill out section **B ONLY** if you are selecting the permanent parking permit with/without the continuous parking option.*

Choose your payment option:

- ❏ Cash (Must pay at Cashier's office before requesting permit) Check
- ❏ Department (Please include chartfields)
  Fund _____ Dept._____ Program _____ Subclass _____ Year_____
- ❏ Payroll Deductions O 12 Deductions of $15.00
  O 12 Deductions of $30.00 – Blue Parking
  O 10 Deductions of $18.00
  O _____ Deductions of $_____
  (number of deductions) (amount of deduction)

Sign this section for regular payroll deductions

I authorize the annual parking option fee to be paid by deduction once each month from payment of my wages in equal installments, for the number of months I have specified above. I understand and agree that should my payroll deductions be interrupted during any month, the remaining monthly deductions may be altered to ensure collections of the entire remaining balance.

Signature for annual parking permit deduction Date

Continuous Parking Option

Continuous parking options include permanent White and Blue permits. The continuous payroll deduction authorization allows a deduction to be taken once a month from your paycheck for as long as you possess the permit. If you leave the University and/or your payroll deductions stop, you remain financially responsible for the permit fee until the permit is returned to Public Safety. Please note this means that you can accumulate fees for additional permit years if the permit is not returned.

Choose your payment option:

❏ 12 Deductions of $15.00	❏ 1 Deduction of $180.00
❏ 12 Deductions of $30.00 - BLUE	❏ 1 Deduction of $360.00 - BLUE

Sign this section for the continuing payroll deduction (CPD) authorization

I authorize the annual permit parking option fee to be paid by pre-tax payroll deduction, once each month from payment of my wages in equal installments. I understand and agree that this authorization shall continue for the entire time I retain the parking permit issued by the University. I also understand that the annual parking fee may be subject to yearly increases and I authorize the University to increase the monthly payroll deduction accordingly. I understand that I can terminate this deduction by returning the parking permit to the Public Safety office and paying any remaining balance.

I understand and agree that should my payroll deductions be interrupted during any month; the remaining monthly deductions may be altered to ensure collection of the entire annual balance due within the permit year. If my employment with the University ends, I understand that monthly proration of the annual parking option fee will continue to accrue and that I will be financially responsible for the parking option fee unless and until the parking permit is returned to Public Safety. If the parking permit option is returned, I authorize the University to deduct the remaining balance due, if any, of the parking permit fee from the last payment of wages or any other payments made to me. I agree to promptly pay any amounts due if I return the permit after the date of the last payment of wages.

Signature for continuing payroll deduction Date

Public Safety Use Only: Permit#_____ Audit#_____ Issued_____ Expires_____ Returned_____ Lost_____

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