

# DHHS Non-Payroll Employee Parking Request

Use this form when an individual cannot be payroll deducted for their parking assignment  
(i.e. temps, contractors, interns, federal employees, and agencies not using Beacon.)

**\*\*All Fields Must Be Completed\*\***

<b>Account #</b> <i>(Parking Use Only)</i>		<b>Last Name:</b>		<b>First Name:</b>		<b>MI</b>
<b>Department Code:</b> D 088	<b>Employment Type:</b> <input type="checkbox"/> Temp/Contractor <input type="checkbox"/> Federal <input type="checkbox"/> Intern <input type="checkbox"/> Other _____			<b>Department:</b> <b>DHHS</b>		<b>Division:</b>
<b>Transaction Type:</b> <input type="checkbox"/> New Assignment <input type="checkbox"/> Renewal		<b>Initial Assignment:</b> Lot #: Permit #:		<b>Supervisor Name:</b>		<b>Effective Date:</b>
				<b>Supervisor Phone:</b>		<b>Credential #:</b>

Check this box only if your information is up-to-date in our system. You may skip to the bottom and sign your application.

### Home Address

<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip+4:</b>
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### Work Address

<b>MSC #:</b>	<b>City:</b>	<b>State:</b>	<b>Zip+4:</b>
<b>Building Name:</b> <b>DHHS HQ</b>	<b>Personal Phone:</b>		<b>Personal Email:</b>

### Vehicle Information

<b>Vehicle 1</b>	<b>Plate #:</b>	<b>State:</b>	<b>Make:</b>	<b>Model:</b>	<b>Color:</b>
<b>Vehicle 2</b>	<b>Plate #:</b>	<b>State:</b>	<b>Make:</b>	<b>Model:</b>	<b>Color:</b>
<b>Vehicle 3</b>	<b>Plate #:</b>	<b>State:</b>	<b>Make:</b>	<b>Model:</b>	<b>Color:</b>

### Payment Information

<b>Permit Fee:</b> \$ _____	<b>Payment Type:</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Department Invoice	<b>Comments: (State Parking Use Only)</b> _____ _____ _____ _____
<small>Employees who cannot be payroll deducted must pay in full.</small>	<b>Duration of Assignment</b> _____ <small>(We do not accept personal checks)</small>	

### Terms and Conditions

**By accepting a PARKING ASSIGNMENT, the employee agrees to the following:**

1. If issued a parking credential I will display it in my vehicle at all times while in my assigned parking facility.
2. I agree to promptly notify State Parking of any changes to my account data, i.e. license plate information, contact phone numbers, etc.
3. Credential purchases are non-refundable unless a twelve month permit has been purchased.
4. Credential Tag is the property of the State of NC and must be returned to the Parking Office upon renewal or separation. I will be responsible for the \$50 fee associated with lost, stolen, damaged or replacement permit.
5. I will not register a coworker's vehicle to my credential unless approved by the State Parking Division.
6. I will abide by the [Operational Policies of the State Parking Division](#).
7. This is a conditional assignment - State Parking Division reserves the right to provide written termination of this assignment.
8. **Parking assignment/changes are not valid until this form is received and processed by the State Parking Division.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parking Coordinator's Signature

\_\_\_\_\_  
Date

*Incomplete applications will not be processed. Application not valid without signatures.*

*For State Parking Use Only*

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_