

# DHHS Payroll Deductible Parking Request

Use this form for permanent employees who can be payroll deducted for their parking assignments.

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

|  |   |   |                             |   |  |                       |               |               |  |
|--|---|---|-----------------------------|---|--|-----------------------|---------------|---------------|--|
| <b>BEACON # (8 digits)</b>   |   |   |                             | <b>Last Name:</b>   |  | <b>First Name:</b>    |               | <b>MI</b>     |  |
| <b>Department Code:</b><br>D 088   | <b>Transaction Type:</b><br><input type="checkbox"/> New Assignment <input type="checkbox"/> Transfer |   |                             | <b>Department:</b><br><b>DHHS</b>                           |  | <b>Division:</b>      |               |               |  |
| <b>Initial Assignment</b><br><br>Lot#: <b>Deck 88</b><br>Transponder #:<br>Effective Date:   |   |   |                             |   |  | <b>Comments:</b>      |               |               |  |
| <b>Home Address</b>  |   |   |                             |   |  |                       |               |               |  |
| <b>Mailing Address:</b>  |   |   |                             | <b>City:</b>  |  | <b>State:</b>         | <b>Zip+4:</b> |               |  |
| <b>Work Address</b>  |   |   |                             |   |  |                       |               |               |  |
| <b>MSC #:</b>  |   |   |                             | <b>City:</b>  |  | <b>State:</b>         | <b>Zip+4:</b> |               |  |
| <b>Building Name:</b><br><b>DHHS Campus</b>  |   |   | <b>Direct Phone Number:</b> |   |  | <b>Email Address:</b> |               |               |  |
| <b>Vehicle Information</b>   |   |   |                             |   |  |                       |               |               |  |
| Vehicle 1  | Plate #:  | State:                                      | Make:                       | Model:  | Color:                                   |                       |               |               |  |
| Vehicle 2  | Plate #:  | State:                                      | Make:                       | Model:  | Color:                                   |                       |               |               |  |
| Vehicle 3  | Plate #:  | State:                                      | Make:                       | Model:  | Color:                                   |                       |               |               |  |
| <b>Payment Information</b>   |   |   |                             |   |  |                       |               |               |  |
| <b>Employee Payroll:</b><br><input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Biweekly  |   | <b>Monthly Parking Fee:</b><br>\$ <u>20</u> |                             | <b>Comments: (State Parking Use Only)</b><br>_____<br>_____ |  |                       |               |               |  |
| <b>Terms and Conditions</b>  |   |   |                             |   |  |                       |               |               |  |
| <b>By accepting a PARKING ASSIGNMENT, the employee agrees to the following:</b>  |   |   |                             |   |  |                       |               |               |  |
| <ol style="list-style-type: none"> <li>1. I will abide by the <a href="#">Operational Policies of the State Parking Division</a>.</li> <li>2. Payroll deductions for my PARKING ASSIGNMENT will be made and credited to my parking account.</li> <li>3. My payroll deductions may be adjusted for space and fee changes.</li> <li>4. I will be responsible for all fees associated with my PARKING ASSIGNMENT until State Parking is notified in writing to terminate my PARKING ASSIGNMENT.</li> <li>5. Parking credential is the property of the State of NC and must be returned to the Parking Office upon renewal or separation.</li> <li>6. I agree to promptly notify State Parking of any changes to my account data, i.e. license plate information, contact phone numbers, etc.</li> <li>7. I will not register a coworker's vehicle to my space/permit unless approved by the State Parking Division.</li> <li>8. Parking is a privilege. State Parking Division reserves the right to provide written termination of this assignment at any time.</li> <li>9. Parking assignment/changes are not valid until this form is received and processed by the State Parking</li> </ol> |   |   |                             |   |  |                       |               |               |  |
| _____<br>Employee's Signature  |   |   | _____<br>Date               |   | _____<br>Parking Coordinator's Signature |                       |               | _____<br>Date |  |
| <i>Incomplete applications will not be processed. Application not valid without signatures.</i>  |   |   |                             |   |  |                       |               |               |  |

*For State Parking Use Only*

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

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