NC DOA
Department of Administration

Payroll Deductible Parking Request

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

All Fields Must Be Completed			
BEACON # *(8 digits)*	**Last Name:**	**First Name:**	**MI**

Department Code: D	**Transaction Type:** ☐ New Assignment ☐ Transfer	**Department:**	**Division:**

Initial Assignment	**Transfer From:**	**Transfer To:**	**Comments:**
Lot #: Space #: HT/Transponder #: Effective Date:	Lot #: HT/Transponder #: HT/Transponder Returned Yes / No Space #:	Lot #: Space #: HT/Transponder #: Effective Date:	

Home Address

Mailing Address:	City:	State:	Zip+4:

Work Address

MSC #:	City:	State:	Zip+4:

Building Name:	Direct Phone Number:	Email Address:

Vehicle Information

Vehicle 1	Plate #:	State:	Make:	Model:	Color:
Vehicle 2	Plate #:	State:	Make:	Model:	Color:
Vehicle 3	Plate #:	State:	Make:	Model:	Color:

Payment Information

Employee Payroll:	Monthly Parking Fee:	Comments: *(State Parking Use Only)*
☐ Monthly ☐ Biweekly	$ _____	_____ _____

Terms and Conditions

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

1. I will abide by the Operational Policies of the State Parking Division.
2. Payroll deductions for my PARKING ASSIGNMENT will be made and credited to my parking account.
3. My payroll deductions may be adjusted for space and fee changes.
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.**
5. Parking Hang Tag is the property of the State of NC and must be returned to the Parking Office upon renewal or separation.
6. I agree to promptly notify State Parking of any changes to my account data, i.e. license plate information, contact phone numbers, etc.
7. I will not register a coworker's vehicle to my space/permit unless approved by the State Parking Division.
8. Parking is a privilege. State Parking Division reserves the right to provide written termination of this assignment at any time.
9. *(Reserved Space Only)* I have examined my space and I accept it. I understand I may not be able to move again within the same facility.
10. **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: _____