

Employee — UK HealthCare Reserved/Core/EC Permit Application



Customer Information

Name: _____
Last, First MI (MD,PhD,etc.) UK ID number

Home Address: (Street, City, State, Zip) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

UK Department: _____ Title/Position: _____

Vehicle Info: _____
License Plate State Make Model Color

Is your primary work assignment located off-campus? Yes No If so, where? _____

Permit Information

Request Reserved, Core or
Employee Commuter Permit

Request Change of
Current Location

Renew Current Permit

Permit Requested (mark one) ... **Core Daily Scratch-Off** permits (\$6.50/day) (see **Special Circumstances** on next page)

Reserved Tier (\$1,512/yr)

PS #8 Lower (E8)
PS #3 Lower (E3L)
PS #3 Upper (E3U)
University Dr. (E25)
GSH Lower (E4)

Core Tier (\$756/yr)

Press Avenue N (E27)
Waller Ave (E33)
PS #8 Upper (E8U)
GSH Upper (E4U)
Gazette Avenue (E26)

Employee Commuter (\$0.75/hr)

South Limestone Garage (PS #5)
Sports Center Garage (PS #7)

HealthCare Garage Patient Area (PS #8)
(Patient Parking—Strictly Regulated)
KY Clinic Garage Patient Area (PS #3)
(Patient Parking—Strictly Regulated)

Additional Privilege(s)

Does your position require 30-minute emergency on-call response? Yes No

Does your position require access at both UK Chandler Hospital and UK Good Samaritan Hospital? Yes No

Payment Method

Cash (office only)
Check (payable to UK)
Credit card
Payroll Deduction ... Pre-Tax

Delivery Method

Mail
Hold for Pickup

Contact Information

Department Contact Person :

Phone Number :

Please fill out questionnaire on page 2, if your primary work assignment is located off-campus.

Customer Signature _____

Date _____

Please bring, mail or email completed form to:
 Transportation Services
 Parking Structure #6
 721 Press Avenue
 Lexington, KY 40506-0571

| <i>For Office Use Only</i> | |
|----------------------------|-------|
| Parking Area | _____ |
| Space | _____ |
| UID | _____ |

Employee — UK HealthCare Non Standard Parking Permit Application



Questionnaire for Employees with Primary Work Assignment Located Off-Campus

How many days per week do you travel to campus? <1 1 2 3 >3

When travelling to campus, how many hours per day are you typically on-campus working?
 <2 2-4 4-6 >6

Please select the location(s) and percent of time where you work when on-campus:

- _____ Pavilion A
- _____ Pavilion H
- _____ Kentucky Clinic
- _____ Good Samaritan Hospital
- _____ Pharmacy/Research
- _____ Main Campus
- _____ Other _____
- _____ Total

Special Circumstances for Request (if necessary)

Please clarify any circumstances that explain your need for permit or location requested:

If requesting Core Scratch-Off permit, describe reason and location. Available locations: Press Ave N (E27), University Ave (E33), PS #8 Upper (E8U) and GSH Upper (E4U).

Director/Senior Administrator Endorsement

Employees with off-campus assignments are required to have their director/senior administrator endorse this form. By endorsing this form, directors/senior administrators are attesting to the fact that the information included on this application is accurate to the best of their knowledge and that the requested parking permit is necessary for the performance of the applicant's job responsibilities.

Director/Senior Admin Signature/Endorsement (if applicable)

Date

Director/Senior Admin Name (print)