

# Employee — UK HealthCare Reserved/Core/EC Permit Application



## Customer Information

Name: \_\_\_\_\_  
Last, First MI \_\_\_\_\_ 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

### Reserved Tier (\$1,512/yr)

KY Clinic (E3L)  
UKHC Main Lower (E8L)  
Good Samaritan (E4)  
University Drive (E25)

### Core Tier (\$756/yr)

KY Clinic Garage (E3U)  
UKHC Main Upper (E8U)  
Good Samaritan Upper (E4U)  
Gazette Avenue (E26)  
Waller Ave (E33)

### Employee Commuter (\$0.75/hr)

Cornerstone Garage (PS #5)  
Sports Center Garage (PS #7)

## 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

Check (payable to UK)  
Credit card  
Payroll Deduction Pre-Tax

## Delivery Method

Mail  
Hold for Pickup

## Contact Information

Department Contact Person :  
Phone Number :

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Please bring, mail or email completed form to:

Transportation Services  
Parking Structure #6 721  
Press Avenue Lexington,  
KY 40506-0571

\*By providing your cell phone number, you are agreeing to receive either texts or phone calls from our department in relation to this application.