EMORY UNIVERSITY

2009–2010 Healthcare Employee Parking Application/Change Form

HEALTHCARE

Complete this to register for parking at the Emory campus for one of the following reasons.

CHECK ONE

- ❑ I am a **new** employee of Emory Healthcare. Complete all sections of this form.
- ❑ I am a **current** employee of Emory Healthcare and a change in my parking assignment or payment method is being made. Complete box one (1). Skip box two (2) unless a change in work or home address has occurred.

1. REGISTRATION INFORMATION Please print.

NAME _____ (LAST) _____ (FIRST) _____ (M.I.)

EMORY ID NUMBER* _____ OTHER ID _____

WORK LOCATION _____

DEPARTMENT _____

* Your Emory ID Number, a 7-digit number, is located on your payroll check form.

2. ADDRESS INFORMATION Please print.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

OFFICE PHONE ___ - ___ - ____ HOME PHONE ___ - ___ - ____

3. PARKING ACCOMMODATION

Is disability parking accommodation needed?

❑ Yes ❑ No

Parking accommodations may be available once the registration process is completed with the Office of Disability Services (ODS) for persons with a documentable disability or chronic medical condition.

For Emory system employees, both the Emory and current state-issued accessible hangtags are required.

For more information, please contact ODS at 404.727.6016 or 404.712.2049 (TTY/TDD).

4. DECK/LOT ASSIGNMENT

Indicate your current deck assignment.

Check the appropriate box.

Decks / Lots

- ❑ 1525 Clifton Road
- ❑ Clairmont Campus
- ❑ Lowergate
- ❑ Lowergate South
- ❑ Michael Street
- ❑ Peavine Deck

5. PERMIT INFORMATION

Select the correct permit based on your employment status. (Check one box only.)

Zone	Status	Hangtag
A	Reserved Parking*	❑ $1,575
1	Emory Healthcare Administration	❑ $66/year
4	Emory Healthcare Staff (Lowergate/Lowergate South Tower/1525)	❑ $66/year ($5.50/month)
4	Emory Healthcare Staff (Clairmont Campus/Michael Street/Peavine)	no cost
CT	Contract	$68/month

*All carpool, vanpool, and reserved parking registrations require a different application. Contact 404.727.PARK for more information.

**Eagle permit can be purchased in increments of 20, 40, or 60 uses

6. PAYMENT METHOD

TAX SAVING OPPORTUNITY. Emory offers you the option of deducting your parking permit fees on a pretax or post-tax basis. Paying your fees on a pretax or post-tax basis. Paying your fees on a pretax basis will reduce your taxable income, which may have a minimal effect on the calculation of your retirement contributions and Social Security earnings.

(Please check one box.)

- ❑ No Payroll Deduction required
- ❑ Payroll Deduction (pretax)
- ❑ Payroll Deduction (post-tax)

7. VERIFICATION / SIGNATURE

My signature verifies that the information provided above is correct. I have accurately completed this form. I understand that I am responsible for obtaining a copy of the parking regulations. I furthermore agree to abide by the regulations whenever my vehicle is parked on the premises of Emory University. I understand that Emory University assumes no responsibility for damages, theft of contents, or theft of a vehicle when it is parked on University property. Selection of payroll deduction as a method of payment means that I hereby authorize said deduction of the appropriate parking fee periodically. In the event of separation from employment, I understand that the parking permit is the property of Emory University and is to be returned to the Parking Office.

SIGNATURE _____

DATE __ - __ - __

8. VEHICLE INFORMATION

Please complete and produce your driver's license and vehicle registration for confirmation of the following information.

Make _____ Model _____

Vehicle Type _____ Color _____

License No. _____ State _____

----------**Office use only**----------

[ ] Driver's license address compared

[ ] Vehicle registration information compared

LABEL

FOR OFFICE USE ONLY

PAYMENT AMOUNT _____

DATE __ - __ - __

INITIALS _____

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