

# Employee — UK HealthCare Non Standard Parking Permit Application



## Customer Information

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

Mailing 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/day) (see **Special Circumstances** on next page)

### Reserved Tier (\$1,440/yr)

PS #8 Lower (E8)  
PS #3 Lower (E3L)  
PS #3 Upper (E3U)  
Veterans Drive (E25)  
GSH Lower (E4L)

### Core Tier (\$720/yr)

Press Avenue N (E27)  
University Ave (E33)  
PS #8 Upper (E8U)  
GSH Upper (E4U)  
University Inn (E35)  
Gazette Avenue (E26)

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

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

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## **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)