

UBC Okanagan Staff Parking Pass Application by Payroll Deduction

EMPLOYEE #	LAST NAME	FIRST NAME
PLEASE CHECK BELOW	E-MAIL ADDRESS:	
FACULTY <input type="checkbox"/>	CAMPUS PHONE:	OFFICE LOCATION:
STAFF <input type="checkbox"/>	FACULTY/DEPARTMENT	

****CONTRACT and SESSIONAL employees do not qualify for payroll deduction****

ELIGIBILITY

- 1) I AM A PERMANENT EMPLOYEE OF UBC &/OR ARE CONTRACTED FOR 12 CONTINUOUS MONTHS OR MORE. IF THIS STATUS CHANGES AT ANYTIME, I WILL INFORM PARKING SERVICES IMMEDIATELY.

- 2) I HEREBY AUTHORIZE MONTHLY PAYROLL DEDUCTIONS TO PAY FOR MY PARKING PERMIT. IF UBC PAY CEASES, I ACKNOWLEDGE I AM RESPONSIBLE FOR THE PARKING FEES UNTIL SUCH TIME THAT I CONTACT PARKING SERVICES TO CANCEL THE VIRTUAL PERMIT.

- 3) ANY PERSON(S) IN USE OF THIS PERMIT AGREES TO COMPLY WITH THE RULES AND REGULATIONS AS OUTLINED IN THE UBC TRAFFIC & PARKING RULES.

- 4) PAYROLL DEDUCTION START DATE: _____
(1ST OR 16TH)

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY		
LOT H	Payroll Code: OPK4 <input type="checkbox"/>	PERMIT # _____
LOTS B, C, D, J	Payroll Code: OPK3 <input type="checkbox"/>	
LOTS E, F, G, K, M, W	Payroll Code: OPK2 <input type="checkbox"/>	
LOT A	Payroll Code: OPK1 <input type="checkbox"/>	

REMINDER: PLEASE REGISTER YOUR VEHICLE IN YOUR PARKING ONLINE ACCOUNT AT parking.ok.ubc.ca

PREPARED & SCANNED BY _____

DATE _____