

- New parker
- Agency change
- Information update
- Other

STATE OF OREGON
DEPARTMENT OF ADMINISTRATIVE SERVICES
EMPLOYEE PARKING APPLICATION

Return to:

Dept. of Administrative Services
 Parking and Commuting Services
 1225 Ferry Street SE U100
 Salem OR 97301-4281
 Telephone: (503) 378-5090
 FAX: (503) 378-2157

Print Name _____ **Employee ID#** _____
Last First MI (Non-state employees, enter last 4 digits of SS #)

Agency Name _____ **Agency Number** _____

Division/Section _____

Worksite Address _____
Street/City/Zip

Telephone / Ext _____ **E-Mail** _____

For events & issues relative to your parking assignment

VEHICLE DESCRIPTIONS:

Vehicle #1 – Year/Make/Model _____ State _____ Plate _____

Vehicle #2 – Year/Make/Model _____ State _____ Plate _____

Vehicle #3 – Year/Make/Model _____ State _____ Plate _____

Pre-tax Payroll Deduction Authorization

I hereby authorize my employer to deduct from my salary or wages due me by virtue of my employment with the State of Oregon, all sums owed to the Department of Administrative Services for the parking privileges I have been assigned. I understand that the parking charge may increase or decrease. **This request and authorization shall remain in force until cancelled by me in writing or by phone and any parking permit or sticker is returned to the Department of Administrative Services, State Parking.** Parking payroll deductions are made in arrears and are pre-tax unless a waiver is submitted to the agency payroll office.

Cash Payment (non-state/temporary employees only – requires pre-approval of Parking Manager)

I elect to pay for parking in advance by cash each month. I understand that if the payment is not received in the Parking Office by the fifth calendar day of the month, my parking privileges will be cancelled.

I understand that parking regulated by the Department of Administrative Services is subject to the provisions of OAR Chapter 125, and ORS Chapters 98, 276, 283, and 292. By accepting a parking assignment made by the Department, I agree to abide by these rules and laws. I further understand that failure to abide by these rules and laws may result in citation, prosecution and/or loss of parking privileges.

Signature _____ **Date** _____

OFFICE USE ONLY	
Lot Assigned, Space/Permit Number _____	Monthly Rate _____
Effective Date _____	Payroll Notification _____