

Retired Faculty/Staff Parking Permit Application

Last Name _____ First Name _____

UO ID # _____ Home/Cell # _____

Email Address _____ @ _____ uoregon.edu

Home Address _____ Apt _____

City _____ State _____ Zip Code _____

Department _____ Campus Phone# _____

University Retired Status

Tenured Faculty Officer of Administration Classified Non-Tenured Faculty Officer of Research

Retired Permit Type

Annual with paid appointment Quarterly with paid appointment With no appointment (no cost)

Payment Method

Pay now in full cash, check, Visa, or MasterCard

Monthly Payroll Deduction 12 months 9 months 3 months

I am a retired UO faculty/staff member with designated UO retirement status and will not be receiving compensation during the fiscal/academic year, and therefore eligible for one permit at not cost. If I do receive a paid appointment during the year, I agree to purchase a permit for that period.

Supporting Statement by Department Head Identifying Meaningful Contribution

Department Head Signature _____ Department _____

Retired parking permits are available at no cost to University Faculty/Staff that meet the following conditions: 1. Person has achieved the designated status authorized through Human Resources (identified through banner) and is receiving no compensation. 2. Person maintains an active relationship with the University that results in a meaningful contribution to the campus (this is identified by the Dean or Department Head of the sponsoring department annually).

Retired Employees that have an appointment and are compensated have the following options for parking: 1. Reserved Parking: Person must have a yearlong appointment. Permit cost is consistent with the faculty permit price and must be approved by the Dean or Department Head. 2. Annual Emeritus Parking Permit: Person must have a yearlong appointment. Permit cost is consistent with the Faculty/Staff permit. 3. Quarterly Emeritus Parking Permit: Person must verify appointment annually.

Vehicle Information

All vehicles displaying a permit must be registered to that permit with the Department of Parking and Transportation.

Vehicle #1 License Plate _____ State _____ Color _____

Make _____ Model _____ Model Year _____

Vehicle Type 2 Door 4 Door SUV Van 3 Door Hatch Station Wagon Motorcycle Convertible Pickup

Vehicle #2 License Plate _____ State _____ Color _____

Make _____ Model _____ Model Year _____

Vehicle Type 2 Door 4 Door SUV Van 3 Door Hatch Station Wagon Motorcycle Convertible Pickup

Applicant Signature _____ Date _____

By signing above I agree to comply with UO Parking Rules and Regulations and use the permit only in designated lots. I understand I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I agree to pay a replacement fee if my permit is lost or stolen. I verify that the information I entered on this form is true and correct.

Office Use Only

Permit 1 _____ Expire Decal _____ Issue Date _____ Expiration Date _____

Payment Type Cash Check # _____ Credit PRD Emeritus Issued By _____