

Application for Special Use Parking Permit <u>EMPLOYEES ONLY</u>

STEP 1 – TO BE COMPLETED	BYE	MPLOYEE OR DI	EPARTMEN ⁻	CHAIR/ DIRECTOR	
NAME		CSUF EMAIL ADDR	ESS	DAY PHONE #	
DEPARTMENT					
☐ Individual Special Permit		☐ Department	☐ Department "Shared Use" Special Permit		
Please provide a written explanation of the purp job responsibilities that require the use of a persependent requires access to. Special Use Freview and confirm special use parking permit displayed with a valid CSUF Faculty/Staff Park Special Permit Only Spaces.	sonal vehic Permits are its annually	le to conduct University by generally issued for a or or more frequently if ne	usiness and <u>the spe</u> ne year period. Div ecessary. Special L	cific parking areas the employee or ision Heads or their designees will Jse Permits are valid ONLY when	
STEP 2 – APPROVAL Signature of appropriate Division Head indicates	approval f	or the request of the Spec	ial Hee Parking Per	mit	
Requested By Employee (NAME) or	By Employee (NAME) or Signature			Date	
Department Chair/Director:					
Approved By Division Head (NAME):	Signature			Date	
Approved by Division Head to use Division Fund	ls:			L	
YES – CMS Account # to Recharge:			NO – Employee is responsible for permit fee via payroll deduction (\$50.00 special permit fee)		
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STEP 3 – TO BE COMPLETED	BY PA	ARKING & TRAN	ISPORTATIO	DN	
Permit Type/ # Issued:	Valid per	mit # for Individual:	Expiration Date	: Issued By:	
NOTES:	1				