



Concurrent Employment Parking Application

Applicant Information

Full Name: Last First M.I. Date: Phone: Email

Employee Red ID: Employed at:

I have a valid permit at

I am requesting a permit at

Current Permit Valid:

From: To:

I certify that I am enrolled in payroll deduction and/or have purchased a parking permit at CSUSM valid for the dates listed above. I understand that this process must be repeated each semester.

Employee Signature Date

For Office Use Only

Employee's Bargaining Unit:

- CSUEU Unit 2, 5, 7, 9 Article 21.16 CFA Unit 3 Article 32.24 APC Unit 4 Article 32.6

Approval

Signature: Date:

Print Name: Title:

Phone: Email:

Current Permit #:

Confirmed with concurrent campus by:

Phone, Spoke with: On: Date

Email

Comments:

Comments lines