

CITY OF TALLAHASSEE EMPLOYEE PARKING PROGRAM

Name	Employee Number
	(check one) PERM <input type="checkbox"/> TEMP <input type="checkbox"/>
Department/ Division	Department/Division Code
Telephone Extension	Employment Date
Vehicle Type(s)	Tag(s)

Parking Assignment

Lot Assignment	Select Option	DedCd (payroll use)	Biweekly Cost
City Hall (Under City Hall)	<input type="checkbox"/>	333	\$ 15.00
City Hall Disabled Parking	<input type="checkbox"/>	422	\$ 15.00
Kleman Plaza Parking Garage	<input type="checkbox"/>	357	\$ 15.00
Aviation Employees Parking	<input type="checkbox"/>	360	\$ 5.00
General Employee Parking (all other lots)	<input type="checkbox"/>	361	\$ 5.00
Aviation Director Parking	<input type="checkbox"/>	362	\$ 15.00
Director (all other lots)	<input type="checkbox"/>	363	\$ 15.00

Alternative Transportation	Select Option	Explanation (Names of carpoolers, specify walk, bike, etc.)
<i>In order to meet the criteria for Alternative Transportation, you must do one of the following:</i> 1. Ride Star Metro to work a minimum of 3 days per week 2. Walk or ride a bike a minimum of 3 days per week 3. Car Pool with a minimum of two people at least 3 days per week	<input type="checkbox"/> \$10 Biweekly (dedcd 364)	I am a Director or park in City Hall, City Hall Disabled, or Kleman Plaza parking and meet the criteria to the left for alternative parking.
	<input type="checkbox"/> \$0 Biweekly	I am not a Director and/or don't park in City Hall, City Hall Disabled, or Kleman Plaza parking and meet the criteria to the left for alternative parking.

I authorize the payroll deduction of the above parking fee(s) as indicated. Where applicable, I have received an information sheet that outlines the rules and regulations concerning my parking selection and/or a copy of this form. By my signature below, I hereby waive all damages against the City Of Tallahassee that may arise or otherwise result from my use of the indicated parking facility to the extent that such damages are the result of conduct of third parties or natural causes beyond the control of the City Of Tallahassee. I understand that payroll deductions will be taken out of my pay check until I have returned my parking tag and notified my Supervisor and Payroll (in writing) of my intention to discontinue parking charges.

Employee's Signature _____ Date _____

Department Director/Supervisor _____ Date _____