Employee or Contractor Parking Request Form

ALL REQUESTS FOR FACULTY/ STAFF PERMITS MUST BE SUBMITTED AT LEAST 3
BUSINESS DAYS PRIOR TO WHEN THE PERMIT IS NEEDED.

Name		Phone Number		
Department or Div	vision			
Type of Staff or C	ontracted Employe	<u>ee</u>		
CLASSIFIED FACULTY			OTHER CLASSIFICATION	
☐ Full-Time ☐ Part-Time ☐ *Hourly		-Time -Time	*Volunte	eer
*All volunteers, interns, he	ourly and contracted emplo	yees need a signed	memo from their divisio	n or department supervisor.
Permit Details	or Pormit is Noodo	d Ear		
	ar Permit is Neede			
	nit Expires			
Was your permit i	misplaced or stole	n? Yes	□No	
Other Information				
How Permit Will B				
☐ Campus Ma	ail System	☐ Pick	ed Up at GCC Po	olice Station (SM153)
U.S. Mail –	Street Address			
	City		State	Zip
	Do Not Write Below	This Line—For	Police Dept. Use O	nly
Date Request Received		Request Rec	eived By	
Permit #		Card Key #		
Prepared By		Date Prepared		