

**SPECIAL CIRCUMSTANCES PERMIT APPLICATION
(PLEASE PRINT ALL INFORMATION)**

Applicant's Name: _____

Home Address: _____

City: _____ **State** _____ **Zip Code** _____

Home Telephone: _____ **Work Telephone:** _____

Social Security # _____ **PID #** _____

Please circle the correct status level: **Hospital Full-time employee** **Hospital Part-time employee**
Work Schedule (Indicate specific hours worked) _____

Please list registered vehicles below:

How do you currently get to work? _____

Do you have a UNC parking permit? (Circle One) YES NO **If so, for what zone?** _____
Please give specific details detailing why you are requesting special consideration for parking:

(Use other side if necessary)

Please have your Department Head complete this section:

Department Heads are to verify the above information. If the Department Head approves the request, sign below and forward to the Division Director

Department name: _____ **Cost Center:** _____

Telephone: _____

Work Hours: _____ **Days of Week at Work:** _____

Department Head Signature _____
DIVISION DIRECTORS – If you approve of this request, please approve by signing this request and forwarding to the Hospital Parking Manager.

Division Head Signature: _____

FOR OFFICE USE ONLY

Date Application Reviewed: _____

Application Reviewed by: _____

Zone Approved: _____ **Area/Location Approved:** _____

Expiration of date of permit: _____

Additional Comments/Concerns: _____

Application Denied: _____ **Date:** _____

Committee's Comments: _____