



UNC
HOSPITALS

PARKING WAIT LIST REQUEST

DATE OF REQUEST: _____

LAST NAME: _____

FIRST NAME: _____

Employee I.D.# _____

PID #: _____

DEPT. FUNCTION #: _____ DEPT. PHONE #: _____

TOTAL STATE SERVICE DATE: _____

CURRENT ZONE: _____ REQUESTED ZONE: _____

ABOVE INFORMATION MUST BE FILLED OUT COMPLETELY.
YOU CAN ONLY APPLY FOR ONE REQUESTED ZONE.

(BELOW FOR OFFICE USE ONLY)

Date:

Initials:

Notes: