

# Parking Voucher

Department Name: \_\_\_\_\_ Department Zip: \_\_\_\_\_ Department Phone: \_\_\_\_\_

I verify that each person listed is a adjunct faculty member with no other affiliation with the university and should be issued a parking pass. This list includes no full time employees (faculty and staff), graduate assistants, students, emeritus faculty or part-time staff. Names not eligible under the adjunct faculty parking permit policy will be removed from this list and the application returned to the department chair. For additional details and a copy of the policy, visit our web-site at <http://facadminaffairs.udayton.edu> and click on faculty hiring.

\*You may make copies and attach if you need more room

\_\_\_\_\_ Department Chair signature

Part Time Faculty Name (Last, First)	UD Id Number	Course(s) Instructing	Time of Course	Dates of Course	Permit Cost & Type	

**Please complete and forward applications and this list to Office of the Provost + 1634.**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Total Cost: \_\_\_\_\_