

Zone Allocation Update

New Occupant Information

Effective Date _____

Name _____	ID# _____
Mail Stop _____	Phone _____
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> State Vehicle	

Desired Action

Add new, currently vacant

Delete current, force refund;
add new

Delete current, force refund;
leave vacant

Comments: _____

Fax to:
845-6952

Attention:
Allocations

Payroll Information

I verify that this individual is a budgeted system employee for a period equal to or greater than 9 months.

I verify that this employee is an affiliated, non-System employee.

Other

DPR Initials _____

Allocation # _____

Current Occupant Information

Name _____

ID# _____

John J. Koldus Building
Room 118

Cashier Hours

Mon. - Thurs	7:30am - 5:30pm
Friday	7:30am - 3:00pm
Saturday	9:00am - 12:00pm

Zone _____	Zone Administrator Signature _____	Date _____
Dept. _____	Departmental Parking Representative Signature _____	Date _____