

EMPLOYEE DRIVING PERMIT FORM

PERMIT NUMBER _____

*If Update, list permit number and only new information/deletions.

PLEASE CHECK ONE:

NEW PERMIT ()

UPDATE INFORMATION ()

FIRST NAME: _____

LAST NAME: _____

LOCATION: (Room #, Class, Office, Dept. etc.) _____

TIME HERE: ()AM ()PM ()ALL DAY

PLEASE CHECK ONE:

TEACHER ()

ADMINISTRATION ()

STAFF ()

OWNER ()YES ()NO

HANDICAPPED ()YES ()NO

Must have valid NYS Handicapped permit to check YES

LIST UP TO 3 VEHICLES – IF CHANGE, INDICATE “NEW” – “OLD”

	VEHICLE 1	VEHICLE 2	VEHICLE 3
*PERMIT NUMBER:			
MAKE OF CAR:			
MODEL:			
COLOR:			
STATE:			
YEAR:			
LICENSE PLATE:			

*Permit number will be assigned

EMPLOYEE'S SIGNATURE _____ DATE _____

* A PARKING STICKER WILL BE ISSUED TO YOU. THIS STICKER IS VALID FOR AS LONG AS YOU DRIVE THIS VEHICLE. IF YOU CHANGE VEHICLES OR WANT TO ADD A VEHICLE, A NEW STICKER WILL BE ISSUED. UPON LEAVING EMPLOYMENT, YOUR STICKER IS NO LONGER VALID.

* RETURN COMPLETED FORM TO THE MAIN OFFICE (SAEC or Myers)

REVISED 9/1/08