

***Temporary Disability Parking Application  
(4 Weeks or Less)***

**Employee ID:** \_\_\_\_\_  
*PLEASE PRINT OR TYPE INFORMATION*

**NAME:** \_\_\_\_\_  
                        (LAST)    (FIRST)    (MI)

**DATE OF HIRE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **Shift D**\_\_\_\_ **E**\_\_\_\_

**DEPARTMENT/TITLE:** \_\_\_\_\_

**EXTENSION** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **PHYSICIAN NAME:** \_\_\_\_\_

Please detail the medical condition that necessitates your request for a temporary disability parking permit.  
(Note that a physician statement as a detailed in the Handicap Parking Policy must be attached to this form)

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**AUTOMOBILE INFORMATION:**

**AUTO #1**

**LIC. PLATE/STATE** \_\_\_\_\_ **MAKE:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

**NOTE:**

**KING'S COLLEGE IS NOT RESPONSIBLE FOR LOST; STOLEN ITEMS OR  
DAMAGE TO VEHICLES. BE SURE TO LOCK YOU VEHICLE AND PLACE ANY  
PACKAGES, VALUABLES, ETC. IN YOUR TRUNK, AND OUT OF SIGHT.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY**

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<i>LOT ASSIGNED</i>	<i>GATE KEY NO.</i>	<i>PERMIT NO.</i>	<i>DATE ISSUED</i>
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