



**EXPECTANT MOTHERS PARKING REQUEST FORM**

Please Print, Type or Write Legibly

Department Name: \_\_\_\_\_ College/Division: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Position Title: \_\_\_\_\_ Check one: Faculty:  A&P:  USPS:  OPS:

Employee's Name: \_\_\_\_\_  
Last name First name Middle Initial

Home Mailing Address: \_\_\_\_\_  
Street Address/P.O. Box City State Zip

Home Email Address: \_\_\_\_\_ Campus Email Address: \_\_\_\_\_

Campus Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**Vehicle Information**

Plate State: \_\_\_\_\_ Plate Number: \_\_\_\_\_ If Plate Number Not Available Provide VIN: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

UCF Parking Decal Number: \_\_\_\_\_ Decal Color: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

(Provide Copy of the Paid Parking Receipt or a Permit Picture)

**Pregnancy Information**

Type of Request:  3rd Trimester  High Risk Requested Start Date: \_\_\_\_\_ Expected Delivery Date: \_\_\_\_\_

Was a Certification of Healthcare Provider Form submitted?  Yes  No; If not, please provide a Doctor's Note with the high risk request.

***I affirm and agree** that all information supplied on this registration form is correct. I agree to follow the policies regarding expectant mother parking at UCF, including only parking in my space, not parking in any other expectant mother parking spots on campus, and having a valid paid UCF parking permit on my vehicle for the duration of the expectant mother parking. I understand that HR takes no responsibility if others on campus park in my space – it is my responsibility to contact UCF Parking Dispatch. I will inform HR, however, if this happens. I understand that all arrangements for the expectant mother program will expire on the approved end date and that another expectant mother will begin using the space at that time or the sign will be removed. Additionally, I agree to inform HR immediately if I no longer need the space prior to the approved end date. I understand that falsification of registration material or information may result in disciplinary action. I agree for the Human Resources Designee to contact my Attending Physician in order to obtain medical information needed in order to process this request.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resources Department Use Only:**

This Request for Expectant Mothers Parking is Approved: YES:  NO:

Approved Start Date: \_\_\_\_\_ Approved End Date: \_\_\_\_\_ Approved Reserved Parking Location: \_\_\_\_\_

Human Resources Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return the Completed Form to the Human Resources -Leave of Absence Department at [loandworkcomp@ucf.edu](mailto:loandworkcomp@ucf.edu).

If you have any questions, please contact us: Lizbed Santiago-Rivera 407-823-0540 or Alicia Melendez 407-823-4102.