



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.

Expected Times on Campus

Faculty and Staff - Please list here your anticipated work schedule. Must be on campus fulltime in order to apply.

Monday: From _____ To _____ Wednesday: From _____ To _____ Friday: From _____ To _____

Tuesday: From _____ To _____ Thursday: From _____ To _____

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 on agreed upon days of the week and start/end dates, 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 Transportation Services. 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.

If you have any questions, please contact us: 407-823-0540 or 407-823-3730.