

**EXPECTANT MOTHERS PARKING REQUEST FORM**

Please Type or Print Legibly

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

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

Employee Name: \_\_\_\_\_  
Last First Middle

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

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

**Vehicle Information** (Employees must have a current paid UCF parking permit associated with their vehicle.)

Plate State: \_\_\_\_\_ Plate Number: \_\_\_\_\_ If plate not available, Provide VIN: \_\_\_\_\_

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

Preferred Lot/Garage: \_\_\_\_\_ Current Work Location/Building: \_\_\_\_\_

The Preferred Lot/Garage is for one location and expected to be the closest to your work location. If not, please provide an explanation with your email submission.

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**Pregnancy Information**

Type of Request: \_\_\_\_\_ 3<sup>rd</sup> trimester

High Risk before 3<sup>rd</sup> trimester (*Doctor's Note or Certification of Health Care Provider form required.*)

Requested Start Date: \_\_\_\_\_ Expected Delivery Date: \_\_\_\_\_

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**I affirm and agree** that all information supplied on this registration form is correct. I agree to follow the policies regarding expectant other 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 associated with 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 to obtain medical information needed to process this request.

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

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**For Human Resources Department Use Only:**

Confirmed Parking Permit in Effect \_\_\_\_\_

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: \_\_\_\_\_