



CHAPMAN UNIVERSITY

# Carpool Permit Application

## I. Primary Contact – Responsible for hang tag and permit.

<b>Please complete entire form. An incomplete form will cause delays in enrollment.</b>					
<b>Name:</b>			<b>Employee or Student ID #:</b>		
<b>Home Address:</b>			<b>City/Zip:</b>		
<b>Department:</b>			<b>Bldg./Room</b>		
<b>Campus Ext:</b>		<b>E-Mail Address:</b>		<b>Status:</b>	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
<b>Number of days that your group pledges to carpool each week?</b>				<input type="checkbox"/> <b>Monthly Payroll Deduction (Employees) \$</b>	

## II. Carpool Partners – Be sure to include your share of the cost of the parking permit. Your signature authorizes the payroll deduction, if applicable.

<b>1.</b>			<b>Status:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	
<i>Name</i>	<i>Department</i>	<i>Employee / Student ID #</i>		
			<input type="checkbox"/> <b>Monthly Payroll Deduction (Staff/Faculty Only) \$</b>	
<i>E-mail address</i>		<i>Signature</i>		

<b>2.</b>			<b>Status:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	
<i>Name</i>	<i>Department</i>	<i>Employee / Student ID #</i>		
			<input type="checkbox"/> <b>Monthly Payroll Deduction (Staff/Faculty Only) \$</b>	
<i>E-mail address</i>		<i>Signature</i>		

<b>3.</b>			<b>Status:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	
<i>Name</i>	<i>Department</i>	<i>Employee / Student ID #</i>		
			<input type="checkbox"/> <b>Monthly Payroll Deduction (Staff/Faculty Only) \$</b>	
<i>E-mail address</i>		<i>Signature</i>		

My signature below verifies that the information I have provided on this document is true and completed to the best of my knowledge, and (employees only) authorizes the payroll deduction for my share of the permit. I have read the Panther Plus Program policy and procedures and agree to the terms. I understand that falsification of any information provided in this application form will result in program disqualification.

**Primary Contact Signature**

**Date**

<b>HR:</b>		<b>Public Safety:</b>	<b>Permit #</b>	<b>HT#:</b>
	<i>Payroll use only</i>	<i>Pre-Tax (2560):</i>	<i>After Tax (2565):</i>	<i>Approved:</i>