

PARKING PERMIT APPLICATION FORM



E PERMIT APPLICATION FIXED-TERM CONTRACT AND CONTINUING STAFF.

(Use this form to apply for a new permit or replace an expired permit; annual parking permits are available to eligible staff members only)

EMPLOYEE DETAILS:

Employee Number: _____ Email Address (existing staff): _____@vu.edu.au

Surname: _____ First Name: _____

Dept: _____ Campus: _____ Ext: _____

Employment Type (E.g. Full-time, part time etc): _____ Time Fraction: _____

Expired permit number (if renewing expired, or soon to expire permit) _____

FIXED TERM CONTRACT STAFF ONLY:

Employment Start Date: ____/____/____ Employment End Date: ____/____/____

VEHICLE DETAILS:

Please note: A maximum of 2 vehicles can be nominated for one permit. No additional fees apply for a second vehicle.

Vehicle 1

Registration Details: _____ Make: _____ Body Type: _____ Colour: _____

Vehicle 2

Registration Details: _____ Make: _____ Body Type: _____ Colour: _____

Option Only: Indicate preferred start date (Note: Facilities will process the form within 5 working days) ____/____/____

EMPLOYEE DECLARATION: Salary packaging parking fees

Parking Permits are paid for via salary packaging only and by completing this application, I acknowledge that I am authorising Victoria University (VU) to deduct fortnightly instalments from my pre-tax salary. This amount is exempt from Income Tax and Fringe Benefits Tax. I acknowledge and agree that this application must be approved by VU before the benefits are provided, as these salary packaging arrangements can only apply prospectively not retrospectively. The amount due is set by VU and is subject to change. If I wish to cease these deductions, I will contact the **Facilities Service Desk** (9919 5900 / FacilitiesServiceDesk@vu.edu.au).

Furthermore, I also acknowledge that I have read and understand the conditions of parking at VU and that by signing this form I agree to abide by all relevant parking conditions and regulations as set by VU and the Road Safety Act 1986 and associated regulations.

Employee Signature

____/____/____
Date

Please forward the completed form to:

FacilitiesServiceDesk@vu.edu.au (include scanned application form)

**** Please Note:** Upon receiving your application, processing will take up to 5 working days.
Until you have received your permit, please use ticket parking areas only.

Office use only:

Approved/ processed by:

Permit #