114-1 **Contracted Physicians Parking Permit Application Form**

Affiliated Department：

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| --- | --- | --- | --- | --- | --- | --- |
| Job Number | Name | Phone Number | Vehicle Type | Vehicle Number | Entry and Exit Time | Total Hours |
|  |  |  | □Car□Motorcycle |  | (Day?)00:00-00:00 | Every Week ? hr\*18weeks |
|  |  |  | □Car□Motorcycle |  | (Day?)00:00-00:00 | Every Week ? hr\*18weeks |
|  |  |  | □Car□Motorcycle |  | (Day?)00:00-00:00 | Every Week ? hr\*18weeks |
|  |  |  | □Car□Motorcycle |  | (Day?)00:00-00:00 | Every Week ? hr\*18weeks |
|  |  |  | □Car□Motorcycle |  | (Day?)00:00-00:00 | Every Week ? hr\*18weeks |
|  |  |  | □Car□Motorcycle |  | (Day?)00:00-00:00 | Every Week ? hr\*18weeks |

Remarks:

1. Please indicate the day of the week and the time of entry to the campus.
2. The total number of hours on campus should be calculated based on 18 weeks for the current semester.
3. For motorcycle applicants, please complete this application form first, then have the physician bring their driver's license and vehicle registration (or insurance card) to the Division of General Affairs to collect the parking permit.
4. If the department course schedule is not provided, no adjunct parking permit will be issued.

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| Responsible Staff | Applicant Supervisor | Division of General Affairs, Office of General Affairs |
| Ext：  |  | Responsible Staff：Security Team：Head of General Affairs： |

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