

NEW EMPLOYEE PARKING CLASSIFICATION FORM –FY12

This form is to be submitted with a Parking Permit Application

Employee's Name: _____

Today's Date: _____

TU ID Number: _____ Employee Start Date: _____

Classification: _____

*(Regular: E & N / Contingent: CE & CN)

Rate Matrix	*Regular	*Contingent
Less than \$15,000	A1	A2
\$15K - \$19,999	B1	B2
\$20K - \$39,999	C1	C2
\$40K - \$59,999	D1	D2
\$60K - \$79,999	E1	E2
\$80,000 and above	F1	F2

Parking Code: _____

PRO-RATED FACULTY/STAFF PARKING PERMIT RATE FY2012

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Faculty/Staff A	\$107	\$94	\$81	\$66	\$53	\$40	\$24	\$11
Faculty/Staff B	\$185	\$166	\$151	\$132	\$117	\$102	\$83	\$68
Faculty/Staff C	\$242	\$217	\$197	\$172	\$153	\$133	\$108	\$88
Faculty/Staff D	\$380	\$341	\$310	\$271	\$240	\$208	\$170	\$138
Faculty/Staff E	\$498	\$447	\$406	\$355	\$314	\$273	\$222	\$181
Faculty/Staff F	\$769	\$690	\$627	\$548	\$485	\$422	\$343	\$280

\$ _____

Is this New Employee a Current Student or Employee? No Yes

If Yes, Students must return their current student permit by their start date and **may** receive a partial refund
Please inform employees who have a current permit they may continue to use it until the expiration date.

Completed By (OHR): _____
(Print Name)

X _____
Signature

Policy to determine rate designation for new employees:

Regular Staff - Annualized base salary (Overtime and off load payments are not included)

Regular Faculty - Chair stipend is included (off load payments are not included)

Contingent Staff:

> **Hourly** - Annualized salary based on hourly rate and FTE on all contracts combined

> **Flat Rate** - Total of contract amounts combined

Lecturers - Annualized salary based on contract amounts combined

Part Time Faculty - Annualized salary based on contract amounts combined