

STAFF PERMIT CANCELLATION FORM

CAPITAL LETTERS PLEASE

TITLE: SURNAME: FORENAME:
(Mr/Mrs/Ms/Miss/Dr/Prof)

UNIVERSITY HOME CAMPUS LOCATION:

FACULTY/DEPARTMENT:

CONTACT TEL NO:

STAFF ID NUMBER:

STAFF CARD KEY NUMBER:
(number between magnetic strip & edge of card)**Car Details**

VEH REG NO: COLOUR:

MAKE: MODEL:

DECLARATION

I wish to cancel my parking from the following date:

SIGNATURE: DATE:

Staff permits will operate from the date the member of staff signs-up until they advise in writing of their intention to leave the scheme. One full months notice is required of intention to leave the scheme. Salaries and wages will be informed to stop your salary deduction once your permit has been cancelled. The final salary deduction will take place at the end of the month in which the permit is last used. Part-month deductions are not possible. This relates to those paid monthly and weekly.

Staff wishing to rejoin the scheme will not be able to do so until 3 full months after their leaving date.

**NOTE: WHEN COMPLETED FORM SHOULD BE RETURNED TO CAR PARK & TRAFFIC MANAGEMENT OFFICE
(COLERAINE - H116; JORDANSTOWN AND BELFAST – 10A01B; MAGEE – MD004)**

OFFICAL USE ONLY

APPROVED: DATE:

CANCELLED ON COMPUTER: DATE:

SENT TO SALARIES & WAGES: DATE:

ACTIONED BY SALARIES & WAGES: DATE: