DAS
DEPARTMENT OF ADMINISTRATIVE SERVICES

Facilities | Parking and Commuting Services
1225 Ferry St SE
Salem, OR 97301
503-378-5090
503-378-2157 fax

E-mail: state.parking@state.or.us
Website: www.oregon.gov/DAS/FAC/Parking

Application – Parking Less Than 50% Of Work Time

(Unreserved lots only: Red, Yellow, Green and Ferry St Roof)

Print Name _____ Employee ID# _____
Last First MI

Agency Name _____ Agency Number _____

Division/Section _____

Worksite Address _____
Street/City/Zip

Telephone / Ext _____ E-Mail _____
(For any communications regarding your parking assignment)

- ❑ I hereby certify that I will use the permit 50% or less of my work time per week.
- ❑ I hereby certify that I am a telecommuter, using the parking lot 50% or less of my work time per week. Applicant must provide the certification below:

Certification from supervisor:

I hereby certify that the above named employee is telecommuting _____ days per week.

_____
Supervisor name (please print) Supervisor signature Date

I understand that parking regulated by the Department of Administrative Services is subject to the provisions of OAR Chapter 125, and ORS Chapters 98, 276, 283, and 292. By accepting a parking assignment made by the Department, I agree to abide by these rules and laws. I further understand that failure to abide by these rules and laws may result in citation, prosecution and/or loss of parking privileges. **I will notify DAS State Parking within 48 hours of any changes to my parking or work schedule.**

Signature _____ **Date** _____