

GRATIS FACULTY FORM LETTER

DATE: _____

TO: LSU HEALTH SCIENCES CENTER PARKING SERVICES

RE: REQUEST FOR GRATIS PARKING

THIS REQUEST FOR GRATIS PARKING MUST BE COMPLETE WITH ALL REQUIRED SIGNATURES. IT WILL REMAIN ON FILE WITH THE PARKING OFFICE AND WILL HAVE TO BE RENEWED EACH PARKING YEAR BY JULY OF NEW FISCAL YEAR.

GRATIS FACULTY NAME: _____

WORK LOCATION: _____

NUMBER OF VOLUNTEER HOURS WORKED PER WEEK: _____

NUMBER OF WEEKS WORKED PER YEAR: _____

ANTICIPATED DATE PROJECT/WORK WILL BE COMPLETED: _____

I VERIFY THAT THIS INDIVIDUAL IS FUNCTIONING AS A GRATIS EMPLOYEE AT LSU HEALTH SCIENCES CENTER.

DEPARTMENT HEAD SIGNATURE: _____

DEPARTMENT NAME: _____

APPROVED BY DEAN OF SCHOOL: _____

***THOSE FACULTY MEMBERS WHO DONATE THEIR TIME TO THE UNIVERSITY AND RECEIVE NO COMPENSATION AND WHO PARK FOR FOUR (4) HOURS OR LESS PER WEEK IN UNIVERSITY FACILITIES WILL BE PROVIDED PARKING PRIVILEGES AT NO COST OTHER THAN THE REFUNDABLE GATE CARD DEPOSIT OF \$20.00.