

NORTHEAST HIGHER EDUCATION DISTRICT

AUTHORIZATION FOR PARKING FEE WAIVER

I, _____ am requesting a Parking Fee Waiver for:
Print Name

_____ Fall Semester _____ Spring Semester _____ Academic Year

Employee ID _____ College _____
Employee Self Service Login ID

Reason for Requesting Waiver of Parking Fee:

I understand that if I park a vehicle on college property I will be subject to a parking fine and/or towing.

Signature _____ Date _____

Please forward completed waiver form to the College Business Office.

BUSINESS OFFICE USE ONLY

Approved _____

Signature _____ Date _____

PAYROLL USE ONLY

Amount Waived \$ _____ Date Waived _____ Entered by _____