



Half-time Parking Application

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

Fleet & Parking Services
1100 Airport Rd SE
Salem, OR 97301-6082
503-378-5090
503-378-2157 fax
state.parking@oregon.gov
<https://www.oregon.gov/DAS/FleetPark>

Employee Name: _____ Employee ID#: _____
Last First MI

Agency Name: _____ Agency Number: _____

Division/Section: _____

Worksite Address: _____
Street/City/Zip

Telephone: _____ Email: _____
(For any communications regarding your parking assignment)

I hereby certify that I will use the parking permit 20 hours or less per week.

I hereby certify that I am a telecommuter, using the parking permit 20 hours or less per week.
Telecommuting requires certification from supervisor:
I hereby certify that the above named employee is telecommuting _____ days per week.

Supervisor name: _____

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.**

Employee signature: _____ Date: _____