

**BAYLOR UNIVERSITY  
TEMPORARY PARKING ACCOMMODATION REQUEST**

<b>Employee Name:</b>	<b>Baylor ID Number:</b>
<b>Department Name:</b>	<b>Phone Number:</b>

**Reason for the request:**

**Desired outcome of this request:**  
(e.g. access to visitor parking)

**If for pregnancy, please provide the expected date of delivery:**

Expectant mothers in their third trimester, or those with a high-risk pregnancy, may request a parking accommodation. The parking accommodation will grant the employee with temporary permission to park in designated visitor parking areas in addition to their employee parking privileges. Visitor parking spaces are not guaranteed.

**If for temporary disabilities other than pregnancy:**  
Please request that your health care provider provide a letter of medical necessity. The letter from your health care provider must state the duration of the temporary medical condition for which the request of temporary visitor parking privileges is needed. The parking accommodation will grant the employee with temporary permission to park in designated visitor parking areas in addition to their employee parking privileges. Visitor parking spaces are not guaranteed.

<b>Have you been prescribed a state disability parking placard?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you currently utilize an assistive device?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Temporary Parking Request Start Date:</b>	<b>Temporary Parking Request End Date:</b>
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<b>Employee Signature:</b>	<b>Date</b> / /
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Please either print and mail or fax this completed form, or submit electronically:

Mail to: Baylor University, Human Resources,  
One Bear Place #97053, Waco, TX 76798-7053

Or Fax to: (254) 710-3819

Or submit electronic form by email to [askHR@baylor.edu](mailto:askHR@baylor.edu)

If you have questions, please contact us at: (254) 710-2000 or [askHR@baylor.edu](mailto:askHR@baylor.edu)

**HR Use Only:** Parking Accommodation Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parking Accommodation End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HR Authorization: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_