

University of Manitoba – Staff Parking Cancellation Policy

In order for the cancellation to be effective for the upcoming month:

Fort Garry Campus Permits: Return the permit to Parking Services (Welcome Centre, 423 University Crescent) together with a signed Cancellation Form (located below) prior to the last day of the current month.

Bannatyne Campus Permits: Return the permit to Security Office (S105 Medical Services) together with a signed Cancellation Form (located below) by the last Tuesday of the month. Once our office receives the permit, you may continue to park until the cancellation is in effect. You may also return the permit to the Fort Garry Welcome Centre by the month's end.

Terms & Conditions

Review the Terms and Conditions on the application form below. SIGNING THE FORM INDICATES UNDERSTANDING AND ACCEPTANCE OF ALL OF THE TERMS AND CONDITIONS.

Approved U of M Leave Option

Complete the leave option section of the cancellation form below. View our FAQ's for more information relating to the leave option.

Parking Services
Staff Permit Cancellation

Completed forms must be returned with the physical hang-tag permit to the Welcome Centre, 423 University Crescent by the last business day of the current month, in order to be effective for the following month. See full Terms and Conditions below.

Customer Information (all fields required)

Name: _____

Mailing address: _____

City: _____ Postal code: _____

Employee I.D #: _____

Permit Information

Permit #: _____

Location: _____

Cancellation date: _____

Reason for cancelling: _____

Permit Cancellation Terms & Conditions

I authorize Parking Services to cancel the Staff Parking Permit and understand that in order for cancellation to take effect for the upcoming month, I must surrender the staff permit (hang-tag) and submit it to Parking Services along with this form by the last business day of the current month. No refunds will be processed for cancellations submitted mid-month.

I understand that Parking Services will cancel the permit agreement within 30 days if the permit cancellation form is not accompanied by the hang-tag. I understand Parking Services will automatically cancel my waitlist request(s) unless I request to remain active on the waitlist. I understand if the permit is being returned under the Parking Leave Option on this form, I may not receive immediate direct entry in my preferred lot upon my return.

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of cancelling the parking permit including any existing Pre-Authorized Debit Agreements and waitlist requests, as well as issuing a refund (if applicable). Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Parking Permit Leave Option

Only complete this section if you are requesting to defer your parking due to an approved U of M leave. Vacation does not qualify as an approved leave.

Temporary Cancellation and Preferential Waitlist Application

Plastic hang tag is returned along with a signed cancellation form to Parking Services. No further payments are required, until the staff member is back to work and assigned a new permit. This is a cancellation and is in effect until Parking Services is notified of the customers return, by the customer. Upon return to work, the staff member is eligible to have their name placed near the top of the waitlist for their original lot. If the lot is full, Parking Services may place the staff member into a different lot until their preferred lot is available.

I confirm this is an approved leave: _____
INITIAL

Return to work date: _____
DD/MM/YYYY

SIGNATURE INDICATES UNDERSTANDING AND ACCEPTANCE OF ALL OF THE ABOVE TERMS AND CONDITIONS

Permit Holder Signature: _____

Date: _____

Office Use Only

PERMIT #: _____

DATE PERMIT RETURNED: _____

RECEIVED BY: _____ & _____

ADD or REMOVE W/L: _____

PAYMENT METHOD: DW or P/O

ORIG W/L REQUEST DATE: _____

AUTHORIZATION FOR REFUND NO.: _____

REFUND AMT: (if applicable): _____

TAXABLE BENEFIT: Y or N RECORDED: Y or N

PUT BACK INTO INVENTORY BY: _____