U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE

## GOVERNMENT PAID PARKING APPLICATION FOR NON-BARGAINING UNIT EMPLOYEES

## \*\* See Privacy Act Statement on Page 2.

**INSTRUCTIONS:** 

- Application must be fully completed by employee before consideration is given.
   Employee must obtain approval & signature from their District Manager or Director, AA, and FSIS Administrator before submitting a single occupancy application.
- 3. Carpool/Vanpools: Please provide information on riders page 2.
- Submit application to: OAS/PMB, 5601 Sunnyside Ave Mail Drop 5230, Beltsville, MD 20705; Fax: (301) 504 4231; or Scan copy to GovtPaidParking@fsis.usda.gov

			SECTION 1 (to be	complete	d by employe	e)					
NAME (Last)		(First)			SSN (last 2 digits only) BUILDIN		NG		ROOM		
WORK ADDRESS (inclu	ide telephone number)				CITY				STATE ZIP CC		
VEHICLE(s) OF PRIMARY APPLICANT	YEAR		MAKE		COLOR		LICENSE TAG #		G #	STATE REGISTERED	
ARE YOU CURRENTLY SUBSIDY FUNDING?	RECEIVING TRANSIT YES NO	ARE YOU ASSIGNED A GOVERNMENT-OWNED VEHICLE?  YES NO			IF SO, DO YOU HAVE AN APPROVED HOME-TO-WORK AUTHORIZATION ON FILE?  YES NO						
TYPE OF SPACE APPL	YING FOR:		IF APPLYING FOR A <b>SINGLE OCCUPANCY</b> , WHAT		FOR SINGLE OCCUPANCY APPLICATION						
		ELIGIBILITY CATEG (check one):	ORY ARE YOU APPLYING FOR		APPRO\	/ED	DISTRICT MANAGER or DIRECTOR SIGNATURE DATE			DATE	
SINGLE OCCUPANCY (specify):		AT THE REQ	AT THE REQUEST AND INTEREST OF FSIS			ROVED					
CARPOOL*	* Carpool/Vanpools: Please provide information for each rider on	HOLD A POSITION IN CERTAIN FIELD LOCATIONS WHERE FSIS HAS EXPERIENCED EXTREME DIFFICULTY RECRUITING OR RETAINING (Specify position title below):			APPROV		AA SIGNATURE D.			DATE	
VANPOOL	page 2)			APPRO		FSIS ADMINISTRATOR SIGNATURE DATE			DATE		
	, PLEASE PROVIDE A JU FFICIENCY. ( <i>If more space</i>		THAT WARRANTS SPECIAL C a separate sheet).	CONSIDERA	ATION TO USE	FSIS APPR	ROPRIATE	ED FUNDS TO PP	OCURE A PARK	ING SPACE A	ASSIGNMENT
APPLICANT'S SIGNATURE		DATE	NOTE: By signing, the supervisor is certifying that the application has been reviewed for accuracy.		/ISOR'S NAME (please print)		t)	SUPERVISOR'S SIGNATURE			DATE
SECTION 2 (OAS /MWSD USE ONLY)	DATE ASD RECEIVED	APPLICATION:  APPROVED  DISAPPROVED	OAS SIGNATURE			PARKING	SPACE	MWSD SIGNAT	JRE		DATE
		DISAPPROVED									

RPOOL/VANPOOLS: Please provide the following information for each rider.									
FULL NAME	SSN (last 2 digits only)	FEDERAL AGENCY (if other than FSIS)	WORK ADDRESS (include telephone number)	Is the rider receiving Transit Subsidy Funding?					

## \*\* PRIVACY ACT STATEMENT

Section 6311 of Title 5, United States Code, authorizes collection of this information The following information is being provided in compliance with the Privacy Act of 1974 (Public Law 93-579). The primary use of the requested information is to process a request for government paid parking. This information may also be shared with appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations, or prosecutions.

When the employee identification number is your Social Security Number (SSN), collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your SSN, is voluntary, but failure to do so may result in delay or suspension of processing this request