

GOVERNMENT PAID PARKING APPLICATION FOR NON-BARGAINING UNIT EMPLOYEES

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

INSTRUCTIONS:

1. Application must be fully completed by employee before consideration is given.
2. 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.
4. 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 completed by employee)

NAME (Last)	(First)	SSN (last 2 digits only)	BUILDING	ROOM		
WORK ADDRESS (include telephone number)		CITY	STATE	ZIP CODE		
VEHICLE(s) OF PRIMARY APPLICANT	YEAR	MAKE	COLOR	LICENSE TAG #	STATE REGISTERED	
ARE YOU CURRENTLY RECEIVING TRANSIT SUBSIDY FUNDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ASSIGNED A GOVERNMENT-OWNED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, DO YOU HAVE AN APPROVED HOME-TO-WORK AUTHORIZATION ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF SPACE APPLYING FOR:		FOR SINGLE OCCUPANCY APPLICATION				
<input type="checkbox"/> SINGLE OCCUPANCY (specify): → <input type="checkbox"/> CARPOOL* * Carpool/Vanpools: Please provide information for each rider on page 2) <input type="checkbox"/> VANPOOL*		IF APPLYING FOR A SINGLE OCCUPANCY , WHAT ELIGIBILITY CATEGORY ARE YOU APPLYING FOR (check one):				
		<input type="checkbox"/> AT THE REQUEST AND INTEREST OF FSIS		<input type="checkbox"/> APPROVED	DISTRICT MANAGER or DIRECTOR SIGNATURE	DATE
		<input type="checkbox"/> HOLD A POSITION IN CERTAIN FIELD LOCATIONS WHERE FSIS HAS EXPERIENCED EXTREME DIFFICULTY RECRUITING OR RETAINING (Specify position title below):		<input type="checkbox"/> DISAPPROVED	AA SIGNATURE	DATE
				<input type="checkbox"/> APPROVED	FSIS ADMINISTRATOR SIGNATURE	DATE
				<input type="checkbox"/> DISAPPROVED		

IN A BRIEF SUMMARY, PLEASE PROVIDE A JUSTIFICATION OF DUTIES THAT WARRANTS SPECIAL CONSIDERATION TO USE FSIS APPROPRIATED FUNDS TO PROCURE A PARKING SPACE ASSIGNMENT FOR OPERATIONAL EFFICIENCY. (If more space is needed, please attach a separate sheet).

APPLICANT'S SIGNATURE	DATE	NOTE: By signing, the supervisor is certifying that the application has been reviewed for accuracy.	SUPERVISOR'S NAME (please print)	SUPERVISOR'S SIGNATURE	DATE	
SECTION 2 (OAS /MWSD USE ONLY) →	DATE ASD RECEIVED	APPLICATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	OAS SIGNATURE	PARKING SPACE	MWSD SIGNATURE	DATE

