



UNIVERSITY OF LEEDS

Staff Parking Permit

Line Manager Letter to confirm working outside core hours

Section 1 To be completed by the member of Staff/Applicant

Dear Line Manager

Confirmation of contract to work outside core hours and inaccessibility of public transport as a means of travelling to work

Having read the University's parking policy, as a University of Leeds member of staff I have decided to submit a parking permit application for the 2017 permit year.

I believe I am eligible to apply for a parking permit on the basis of working outside core hours. To meet the criteria I am required to obtain a signed letter from my Line Manager confirming the following:

- My University contract specifies that I need to work before 7am or after 7pm (Monday to Friday)
- How many days per week this is applicable to
- I have checked that due to my home location and my contracted hours of work that I am unable to travel to the University by public transport at the times that I am expected to start or finish work

I would therefore be grateful if you could complete and sign Section 2 of this letter and return both sections to me for submission with my parking permit application form.

Yours sincerely

Signature

Date

Printed Name

If this letter has been completed electronically please tick to confirm that the typed signature above is a legal representation of your signature.

Section 2 To be completed by the Line Manager

Applicant's Full Name

Applicant's Job Title

Department

School/Faculty

I can confirm that the above named applicant is contracted to work before 7am or after 7pm (Monday to Friday) on [] days per week.

I have verified that due to the applicant's home location and contracted hours of work it is not possible for the applicant to use public transport to travel to work.

I acknowledge that you have the final decision on whether a parking permit is issued and if the applicant is not awarded a permit they will not be able to park in University car parks and will need to identify an alternative way of travelling to work.

Signature of Applicant's Line Manager

Printed Name of Applicant's Line Manager

Job Title and Contact Details of Line Manager

If this letter has been completed electronically please tick to confirm that the typed signature above is a legal representation of your signature.

For Office Use Only:

Date Received

Received By

Signature