



2014-15 DEPARTMENT SPONSORSHIP APPLICATION

FOR THIS FORM TO BE VALID, THE APPLICANT'S MANAGER/SUPERVISOR MUST COMPLETE THE ENTIRE FORM FOR EACH APPLICATION (NO PRE-FILLED COPIES).

Commuters who work or are enrolled at Stanford (non-resident Stanford students and university and hospital employees) may purchase Stanford commuter ("A" and "C") parking permits or enroll in the Commute Club (for eligible commuters who choose not to purchase a monthly or long-term Stanford parking permit).

To enable other individuals to purchase commuter parking permits or enroll in the Commute Club, university departments or campus organizations may sponsor individuals. Sponsors must confirm each individual's Stanford affiliation and on-campus worksite address and certify the hours and duration the individual is or will be at that address for official university business.

The sponsoring department, not the individual, must complete the hours and duration covered by this sponsorship form. Any payments for parking permits or rewards for Commute Club memberships are assigned solely to the sponsored individual.

Please note:

- Fraudulent applications are subject to disciplinary action up to and including termination of employment or expulsion.
- **A completed parking permit application and photo ID are also required for permits.**
- **A completed Commute Club application is also required to enroll in the Commute Club.**
- Temporary employees may be sponsored for a maximum of six months per calendar year.
- A Commute Club/Clean Air Cash or Carpool audit occurs every month.
- Students are not allowed to sponsor individuals.
- Applicants may purchase a permit (or be enrolled in the Commute Club) for the duration of employment or until 8/31/2015, whichever comes first.

SPONSOR'S DEPARTMENT INFORMATION (Sponsoring Faculty/Staff/University or Hospital Employee must complete all fields)

Name of sponsoring manager/supervisor		Campus phone (required)
Title	Email address	
Name of sponsoring department or on-campus organization		

WHOM ARE YOU SPONSORING? (Sponsoring Faculty/Staff/University or Hospital Employee must complete all fields)

Name (Last name, First name)	University/Hospital ID	P&TS USE ONLY Date received
On-campus worksite address (including suite/building numbers)	Phone	Initials

APPLICANT'S WORK/STUDY INFORMATION (Sponsoring Faculty/Staff/University or Hospital Employee must complete all fields)

<ul style="list-style-type: none"> • Full-time employment may not exceed six months • Part-time employment may not exceed one year 	Start date: <u>mo.</u> / <u>day</u> / <u>year</u> End date: <u>mo.</u> / <u>day</u> / <u>year</u>	Will the applicant be at the above on-campus address 20 hours or more per week for the duration between the start and end dates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant is a: <input type="checkbox"/> Temporary employee/Other <input type="checkbox"/> Visiting scholar <input type="checkbox"/> Volunteer
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Specify applicant's work hours. Please indicate AM or PM.

Su		M		T		W		Th		F		Sa	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

I certify that this person is formally affiliated with my organization and is required to be at the address listed for the dates and hours specified above.

X

Signature of MANAGER/SUPERVISOR

Date

DEPARTMENT SPONSORSHIP

Revised 8/14