

Faculty/Staff Appeal

Employee Name:			U#:		
Department:		Phone:	Ema	ail:	
	the Faculty/Staff Appeals st Thursday of every mont				
Services at 505 Zach C	person, please indicate b curlin Parking Garage. If y ate the reason for your ap	ou wish to appea	al but cannot appear	in person, pleas	e indicate by
Citation #	License Plate		Violation		Charges
I WILL APPEAR IN PE	RSON: TES		NO		
REASON FOR APPEA	L: (Please use the back o	of this page if mor	re room is needed)		
Fresh en Oirest en				D. (.	
Employee Signature				Date	
For Committee Use	Only				
☐ Upheld	☐ Den		Reduced		
□ Contingent					
Committee Chairperson	า			 Date	