NYS Office of General Services New Employee Temporary Parking Application

The New Employee Temporary Parking Program allows new employees brand new to state service to park in one of the commuter lots until they acquire their NYS Employee ID and complete an employee parking profile. Simply fill-out this form and have it approved by your agency and send it to OGS for processing.

Date _____

First Name _____ Middle Initial _____ Last Name _____

Agency _____ Agency Code _____ Building/Location_____

Bargaining Unit _____ Title _____ Grade _____ Supervisor _____

Position Type ☐ Perm ☐ Temp ☐ Hourly Start Date _____

Applicant Signature _____

Parking Coordinator Signature _____

Applications accepted by

Fax: (518) 474-0111

Email: parking.management@ogs.ny.gov

Subject Line: Attention: New Employee Parking

Mail
NYS OGS-Parking Management
Corning Tower
39th Floor
Albany, NY 12242

Guidelines

New employees may purchase a fixed price temporary parking permit for a peripheral lot based on availability. Payment can be made using cash or check. All forms of payment can be made in person at Room 130, Concourse Level. Payment via check can be made at the lot location, with prior approval from OGS Parking Management. Temporary parking permits for New State Employees may be renewed twice not to exceed 3 consecutive 2-week calendar periods. New state employees who do not have an NYS Employee ID number after 6 weeks should contact OGS Parking Management for further discussion. Refunds are not available if a new State employee obtains a permanent permit before their temporary permit expires. New employees, who complete their online Employee Parking Profile and are offered a parking permit, shall be placed on an automatic payroll deduction payment plan by the OGS Bureau of Parking Services. New employees of agencies who do not use NYS Employee ID are NOT eligible to participate in this program (see your agency parking coordinator).

For official use only

Reviewed by _____ Date _____

Approved by _____ Date _____

Time Period Granted _____ Extension _____

Payment Amount _____ Payment Type _____ Date Payment Processed _____