

State of Nebraska
Administrative Services, State Building Division

Parking Cancellation Form



Attention State Employee:

If you wish to terminate your parking assignment due to leaving State employment, you must complete this Parking Cancellation Form to complete the employee exit process with your HR partner and ensure the return to SBD all parking related tags, cards, permits, etc. on or before your last day of parking in a state garage or lot.

If you wish to terminate your parking assignment and are continuing State employment, you must complete this Parking Cancellation Form to stop the payroll deduction and ensure all parking related tags, cards, permits, etc. are returned on or before your last day of parking in a state garage or lot.

Upon receipt of this fully executed form, it will be forwarded to your current agency, board or commission and will be retained in the parking records of the State Building Division.

Employee ID#: * _____
Employee Name: * _____
Agency Name: * _____
Permit No: * _____
Prox Card No: * _____
AVI Sticker No(s): * _____
Cancellation Date: * _____
Parking Facility: * Choose One: _____
Employee Phone #: _____
State Email: _____

*Required fields for processing a parking cancellation request.

Signature: _____

Date: _____

By signing this form electronically, you authorize DAS/State Building Division to make the necessary security access changes associated with your State ID card or other parking tag, card, or permit; and for your current agency, board, or commission, to stop your payroll deduction for parking and to ensure the return of parking tags, cards, or permits.

Return this form to:
AS/State Building Division
521 South 14th Street, Suite 500
Or mail to
PO Box 98940
Lincoln, NE 68509
Office: (402) 471-0492 OR (402) 471-3191
Email: susan.kroeger@nebraska.gov or
rita.schwabe@nebraska.gov

SBD Parking Program Use Only:

- | | | |
|--------------------------|-------------------------|------------|
| <input type="checkbox"/> | HR Partner Notified | Date _____ |
| <input type="checkbox"/> | DB Record Cancelled | Date _____ |
| <input type="checkbox"/> | AVI Sticker Disabled | Date _____ |
| <input type="checkbox"/> | Prox Card Disabled | Date _____ |
| <input type="checkbox"/> | Permit Returned | Date _____ |
| <input type="checkbox"/> | Contact Email Deleted | Date _____ |
| <input type="checkbox"/> | Scanned App Inactivated | Date _____ |