NEBRASKA

DEPT. OF ADMINISTRATIVE SERVICES
State Building Division

PARKING CANCELLATION FORM

STATE OF NEBRASKA
AS/SBD PARKING SERVICES
1526 K STREET, SUITE 200
LINCOLN, NE 68508
402-471-3191

AS/SBD PARKING SERVICES
OMAHA STATE OFFICE BUILDING
1313 FARNAM STREET
OMAHA, NE 68102
402-595-2115

AS/SBD PARKING PROGRAM USE ONLY:

- ☐ **HR Partner Notified** **Date:** _____
- ☐ **Database Record Cancelled** **Date:** _____
- ☐ **AVI Sticker Deactivated** **Date:** _____
- ☐ **Prox Card Deactivated** **Date:** _____
- ☐ **Hang-tag/Prox Card Returned** **Date:** _____
- ☐ **Contacts Email Address Deleted** **Date:** _____
- ☐ **Scanned Application Status Change** **Date:** _____

PLEASE EMAIL THIS FORM TO: assbd.parking@nebraska.gov

State Employee Notification:

1. Upon leaving the State's employment, you must complete this Parking Cancellation Form to stop your payroll parking deductions. If not received you will be responsible for parking deductions up to your last day of employment.

2. AS/SBD requires all parking related tags, cards, permits, etc., be returned to our office on or before your last day of parking in a state garage or lot. Return location listed above. If not returned there will be a replacement fee deducted from your final pay check.

3. Exit process with your HR Partner will ensure all returned AS/SBD parking related tags, cards, permits, etc., before your last day of employment. If relying on HR Partner to return these, please specify that all items need to be returned to AS/SBD Parking.

4. Continuing to work for the State, but wish to terminate your parking. You must complete the Parking Cancellation Form to stop your payroll parking deductions. If not received, you are responsible for the parking deductions until received by AS/SBD Parking. Reference item number 2.

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

Cancellation Employee Information:

Cancellation Date: _____ Parking Facility: _____

Employee's Name: _____ Employee's ID Number: _____

Employee's Phone Number: _____ Agency Name: _____

Employee's Email Address: _____

PERMIT NUMBER(S), PROX CARD NUMBER(S) & AVI STICKER(S)

Please provide the assigned permit, Prox card or AVI sticker information below. If you do not have this information our record can validate the assigned identification to each permit(s), Prox card(s) or AVI sticker(s).

PERMIT NUMBER	PROX CARD NUMBER	AVI STICKER NUMBER(S)

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(s), card(s), or permit(s). This will be sent to your current agency, board or commission, to stop your payroll deduction for parking and to ensure the return of all parking tag(s), card(s), or permit(s).

_____ _____

Employee's Signature **Date**