

# Appendix C



## PARKING CANCELLATION FORM

STATE OF NEBRASKA  
AS/SBD PARKING SERVICES  
1526 K STREET, SUITE 160  
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](mailto:assbd.parking@nebraska.gov)

### State Employee Notification:

1. Upon leaving State 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 hang-tags or prox cards be returned to the parking office on or before your last day of parking in a state garage or lot. Note location above. If not returned there will be a replacement fee deducted from your final pay check.
3. Coordinate with your HR Partner to return hang-tags or prox cards 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. If terminating parking but continuing to work for the State, you must complete the Parking Cancellation Form to stop 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: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date