

City of Los Angeles Personnel Department
Employee Benefits Division
Commuter Options & Parking Section
City Hall, Suite 867, Mail Stop 621
200 North Spring Street, Los Angeles, CA 90012

Fill in and print out this form. Submit this form with original signatures.



DATE: _____

TO: Employee Parking Coordinator
Commuter Options and Parking Section
Employee Benefits Division/Personnel Department

FROM: Departmental Personnel Officer: _____
(Please print name)

Department: _____

SUBJECT: **MILEAGE PARKING PERMIT JUSTIFICATION**

Name of Employee: _____ Employee ID # _____

_____ As the Departmental Personnel Officer, I verify that the above-named employee is required by our department to use his/her personal vehicle in the performance of his/her daily duties and finds it not feasible to utilize the City's fleet vehicles or shuttle buses for the following reasons: (Must have recorded mileage in PAYSr to qualify)

*Departmental Personnel Officer Signature: _____

*To be signed only by the Departmental Personnel Officer or higher.

Immediate Supervisor of Employee: _____
(Please print name)

Class Title of Immediate Supervisor: _____

Signature of Immediate Supervisor: _____