

Reimbursement Plan for Downtown Campus Parking 5th and Mission Garage 2007-08

Who is Eligible

- Under the AFT/District contract faculty is eligible for partial reimbursement of your 2007-2008 parking fees at the **Fifth and Mission Parking Garage** incurred while teaching at the Downtown Campus.
- Faculty members who have monthly parking permits and those who pay by the hour are eligible to have up to 50% of their parking costs reimbursed until the fund is depleted.
- If there are not sufficient funds to pay for a 50% reimbursement, each faculty member participating in the program will receive the same (lesser) percentage reimbursement.
- A committee composed of union reps, faculty from your site, and one administrator, will review the submitted requests at the end of the semester and determine the amounts to be reimbursed.

How and When to Submit Requests

- Only receipts for parking on assigned working days during the time the faculty member is actually working at the Downtown Campus will be eligible for reimbursement.
- You must list your teaching hours and submit receipts in **chronological order** for those hours.
- Submit your receipts to the mailbox of Marion Falk at the Downtown Campus no later than May 22, 2008.
- We encourage you to list your receipts on the electronic Excel spreadsheet that will automatically calculate the totals and save you a lot of time. Available from Marion Falk at mfalk@ccsf.edu or at www.aft2121.com.
- Alternatively you may list your receipts on the attached forms and calculate the total manually.
- You must include your signature on the form. Be sure to keep a copy of your submitted form and receipts for your records.

MONTHLY PARKERS: Please submit your receipts as soon as you pay for your May 2008 parking.

Name: _____ Faculty I.D. #: _____

Address: _____ Telephone #: _____

Teaching Schedule

Assignment Dates (If other than semester-long)

Class 1:	_____ am/pm	_____ am/pm	M	T	W	R	F	S	S	_____
Class 2:	_____ am/pm	_____ am/pm	M	T	W	R	F	S	S	_____
Class 3:	_____ am/pm	_____ am/pm	M	T	W	R	F	S	S	_____
Class 4:	_____ am/pm	_____ am/pm	M	T	W	R	F	S	S	_____
Class 5:	_____ am/pm	_____ am/pm	M	T	W	R	F	S	S	_____
Class 6:	_____ am/pm	_____ am/pm	M	T	W	R	F	S	S	_____

I hereby certify that I incurred the following parking charges at the 5th Street and Mission Garage in association with my scheduled teaching assignment. The relevant receipts are attached.

Signature _____ Date _____

(turn over)

