

FOR **MOTOR VEHICLE** FORMS:

TYPE OF PARKING PLACARD BEING REQUESTED (Please Check): TEMPORARY PERMANENT NONE

PLEASE DESCRIBE ANY DISABILITY THAT REQUIRES PRIORITY PARKING: _____

PLEASE DESCRIBE ANY CURRENT DRIVING IMPAIRMENTS: _____

FOR **FMLA, DISABILITY, OR OTHER WORK-RELATED** FORMS:

PLEASE DESCRIBE YOUR CURRENT DAILY JOB ACTIVITIES: _____

PLEASE EXPLAIN WHAT JOB ACTIVITIES YOU ARE UNABLE TO DO OR LIMITED IN DOING BECAUSE OF YOUR CONDITION. **BE SPECIFIC ABOUT LIMITATIONS** (I.E. HOW MANY MINUTES/HOURS CAN YOU DO CERTAIN ACTIVITIES, WHAT STOPS YOU FROM CONTINUING, WHY CANNOT COMPLETE THE ACTIVITY, ETC):

DATE LEAVE BEGAN/WILL BEGIN: _____ No Date, Possible, Future, Intermittent.

ANTICIPATED DATE OF RETURN TO WORK: _____ Unknown Never

ADDITIONAL COMMENTS: _____

FOR OFFICE USE ONLY:

DATE FORM(S) WERE RECEIVED IN FULL: _____