Telecommute Program Form

APPLICANT INFO	RMATION
.ast Name:	
First Name:	
Middle Initial:	
UID Number:	
Department Name:	
Mail Code:	
Phone:	
Email:	
On average, I telecommute:	
1 day per week	
2 days per week	

PROGRAM TERMS AND CONDITIONS

- The Telecommute program is available to caltech staff, students, faculty, post-docs and affiliates who are actively engaged in telecommuting between 1 4 days per week.
- Qualified applicants will receive a discount code to use at the parking pay stations. With the code, users can purchase a daily parking permit at the rate of \$3 per day. The code will be mailed to each applicant individually upon submission of this form. Additional information about the campus pay stations can be found at: http://parking.caltech.edu/parking-info/visitor-parking

□ I have read and agree to the program terms and conditions.

Signature _____

Date:

Please email completed form to: parking@caltech.edu