



PARKING DEDUCTION FORM

⇒ _____
SSN or GWid #

⇒ _____
First Name, Middle Initial, Last Name

New: _____ Change: _____

Pay Frequency:
 BW Monthly 9 Month

Payroll
Effective Date: _____

Contract
Effective Date: _____

Plan Code: _____
 Pay Period Amt.

_____ Annual (Fiscal Year) Amount

LOT _____ STICKER# _____

MFA _____ UHS _____ UNIVERSITY _____

One Time Only Adjustment: _____ Add To Pay Period Amount: _____ Replace Pay Period Amount With: _____

New Contracts:

I hereby authorize deductions from my paycheck for parking privileges effective the beginning dated noted above. I understand that my deductions for parking privileges will automatically be adjusted to reflect any changes in University parking rates, and deductions will continue until I officially sign forms to terminate parking privileges. I hereby agree to adhere to all the rules and regulations established by the University regarding the Parking Program.

NOTE: This approval for payroll deductions will suspend other pre-tax transportation deduction arrangements (TransIT).

⇒ _____
Employee Signature

⇒ _____
Date

PARKING OFFICE ONLY- MUST BE COMPLETED AND INITIALED BY STAFF

MCGANN _____ GW CARD # _____ SPECTRUM _____ PUCK# _____

FOLDER _____ ACCT# _____ CHECKSHEETS _____ AUDITED _____