



THE RESEARCH FOUNDATION

The State University of New York

PAYROLL PARKING DEDUCTION AUTHORIZATION

CIRCLE ONE: START CANCEL

<b><u>Garage Use Only</u></b>		Cashier Initials: _____
Paid Current Month ____/____	Paid Next Month ____/____	Payroll Deduction to start ____/____
mm    yyyy	mm    yyyy	mm    yyyy

NAME: \_\_\_\_\_

ASSIGNMENT #: \_\_\_\_\_ SBID: \_\_\_\_\_  
(found on top of your check stub)

DEPARTMENT: \_\_\_\_\_ CAMPUS PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

*Please read the statements below and sign:*

1. The parking fee is a monthly amount plus applicable sales tax of \$22.72 which is annualized and deducted from your paycheck. This will be deducted in 26 bi-weekly installments of \$10.49.
2. The bi-weekly deduction is subject to change based upon any increase in parking fees.
3. The bi-weekly deduction may be rounded to the nearest penny to ensure that the full parking fee is deducted from your paycheck.
4. There will be no pro-rated refunds; if your card has been used any period of time during the month, the full parking fee will be deducted from your paycheck.
5. A new employee must receive their first paycheck before participating in this program.
6. Your signature below confirms that you have read the above and agree to participate in this program based upon all the requirements.
7. You hereby authorize the Research Foundation to deduct \$10.49 from your bi-weekly paychecks for the purpose of paying the University Garage Parking fee.

You must *submit this form to: **Parking Garage Offices (Bursar, HSC Garage, Hospital Garage, HSC Campus Card)*** by the beginning of the month to start or cancel my deduction.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date