

University Parking Registration Medical Center

Last Name: _____ MI _____ First Name (No Nickname) _____ Emp. I.D. (6 digits) _____

Home Address/Business: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Cell Phone _____ Work Phone: _____

Status: Full-time Staff (25 hrs or more) Part-time Staff (24 hrs or less) CBP (Requires Letter) Off-Site (Requires Letter) Strong Staffing/ Temp Agency Occasional
 Student/Visiting Student Pre-Retiree (Before 1997 Free) Post-Retiree (Lot 1 Free) Contractor

License Plate	State	Year	Make	Color	Permit#	AVI#	Lot	Cost

Payroll Deduction Authorization

By selecting Payroll Deduction and signing below, I voluntarily authorize the University of Rochester Parking Department to deduct from my paycheck the current parking expense corresponding to my parking assignment. The parking deduction is based on the value of my permit and the total cost is divided according to my current pay group.

I understand that I can revoke this authorized payroll deduction at any time in a written statement to the University of Rochester Parking Department but that future automatic payroll deductions for my parking expense will not stop until my written request has been received at the Parking Department. Cancellation requests will take time to process, but should not exceed two pay periods.

Should my pay group change from bi-weekly or semi-monthly to monthly (due to a change in my salary level for which pay occurs on a monthly basis), my signature below acknowledges and provides consent to the corresponding change in frequency of deduction to once per month at the monthly rate (which will be the total of the bi-weekly or semi-monthly payment x 2). This does not provide consent to an increase in the overall amount deducted for parking in a month and I understand that I will be notified of such an increase prior to implementation.

Permit Amt: \$ _____

Bi-Weekly \$ _____ (Twice per month, 24 deductions annually. There will be no deduction made in the event there is a third check in a month.)

Semi-Monthly \$ _____ (On the last business day prior to 15th & 30th of each Month)

Monthly \$ _____ (On the last business day of each month)

Other Payment Forms: Credit Card Cash Check/M.O.# _____ Requisition# _____ Third Party

Applicant Signature X _____ **Date:** _____