



Transportation Services Parking Pre-Tax Payroll Deduction Form

I authorize the Office of Transportation Services to implement pre-tax deduction from my bi-weekly paycheck for the following option. Please note rates are subject to change upon notice:

Classified Staff Union (CSU) & Professional Staff Union (PSU)

Monthly Pass Only

- ☐ **Tier I**
Bayside & University Provided Off-Campus Lots
- ☐ **Tier II**
West Garage, Campus Center Garage, Lot D & Bayside
- ☐ **Reserved Parking**
West Garage
- ☐ **Discontinue Pass**

Non-Unit Professional & Lieutenants

Please select pass type: ☐ Monthly ☐ Semester

- ☐ **Tier I**
Bayside & University Provided Off-Campus Lots
- ☐ **Tier II**
West Garage, Campus Center Garage, Lot D & Bayside
- ☐ **Reserved Parking**
West Garage
- ☐ **Discontinue Pass**

Faculty Staff Union (FSU)

Semester Pass Only

- ☐ **Tier I**
Bayside & University Provided Off-Campus Lots
- ☐ **Tier II**
West Garage, Campus Center Garage, Lot D & Bayside
- ☐ **Reserved Parking**
West Garage
- ☐ **Discontinue Pass**

Part-Time, Non-Tenure Track Faculty Only

- ☐ **30-Day Single Use Pass**
Bayside & University Provided Off-Campus Lots
- ☐ **30-Day Single Use Pass**
West Garage, Campus Center Garage, Lot D & Bayside
- ☐ **15-Day Single Use Pass [Evening & Weekends Only]**
West Garage, Campus Center Garage, Lot D & Bayside
- ☐ **Summer Pass: Session I** ☐ **II** ☐

I understand that under State and Federal tax regulations this must be an irrevocable monthly election unless a qualifying event occurs. Qualifying events include: 1) termination of employment, 2) change of residence, 3) change in work location or, 4) commencement of a substantial leave of absence, such as Maternity Leave, Family Medical Leave or Sabbatical. In the event that my need for parking or transit passes changes without a qualifying event, I understand that parking deductions will continue at the existing rate until a 30 days notice is given to the Office of Transportation Services. If I discontinue participation in the Program due to a qualifying event, I understand that I must wait until the beginning of a new month to re-enroll.

Name (Please Print): _____ Employee ID: _____

Department: _____ Phone: _____

Signature: _____ Date: _____

Transportation Services Use Only:

☐ CSU ☐ PSU ☐ Non-Unit ☐ Lieutenants ☐ FSU ☐ DCU

*Non unit Classified check "CSU" box

Pass Code Type (Circle One): A1 A2 A3 A4 A5 B1 B2 B3 B4 B5 | Monthly Semester

Office Staff Initials: _____ Date Received: _____

Pass Number: _____ Effective Date: _____

Human Resources Use Only:

HR Verification Signature: _____ Date: _____

Please bring completed forms to Transportation Services, Quinn Building, 2nd Floor, Room 070