

PAYROLL DEDUCTION AUTHORIZATION FOR EMPLOYEE PARKING PRE-TAX FORM

NAME: _____ TU ID #: _____

INTEROFFICE TELEPHONE: _____ EMAIL: _____

PARKING AREA: _____ HANGTAG: _____

I hereby authorize the Office of Parking Services to **START / CHANGE / STOP** my payroll deductions for Employee Parking. I understand that, to the maximum extent possible, my payroll deductions shall be made on a before-tax basis, subject to the terms and conditions of the Temple University Before-Tax Employee Parking and Transportation Benefit Program (the "Program"). (Refer to your Benefit Program Description for the maximum amount you may contribute on a before-tax basis and the effective date of the election.) I understand that my payroll deductions for parking will continue as described above for subsequent months unless I change it by filing a new Payroll Deduction Authorization form within the time limit described in the Benefit Program Description. I understand that if for any reason my payroll deductions are not processed on time, I am required to pay daily parking fees to use a parking area.

CHOOSE APPROPRIATE PAYROLL DEDUCTION PLAN

- | | |
|---|--|
| <input type="checkbox"/> PAR – MAIN CAMPUS GUARANTEED | <input type="checkbox"/> PAL – LIACOURAS GARAGE GUARANTEED |
| <input type="checkbox"/> PMD – MAIN CAMPUS DEBIT CARD | <input type="checkbox"/> PLD – LIACOURAS GARAGE DEBIT CARD |

CHOOSE APPROPRIATE PAYROLL DEDUCTION OPTION

<input type="checkbox"/> M1	Guaranteed Access Monthly	\$115.00	<input type="checkbox"/> B1	Guaranteed Access Biweekly	\$53.08
<input type="checkbox"/> MA	Debit Card Monthly	\$54.00	<input type="checkbox"/> BA	Debit Card Biweekly	\$24.86
<input type="checkbox"/> MB	Debit Card Monthly	\$81.00	<input type="checkbox"/> BB	Debit Card Biweekly	\$37.28
<input type="checkbox"/> MC	Debit Card Monthly	\$108.00	<input type="checkbox"/> BC	Debit Card Biweekly	\$49.71
<input type="checkbox"/> MD	Debit Card Monthly	\$135.00	<input type="checkbox"/> BD	Debit Card Biweekly	\$62.14

CHANGE PARKING FROM _____ **to** _____

EMPLOYEE SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ONE TIME ADJUSTMENT

- | | |
|---|--|
| <input type="checkbox"/> MONTHLY PRETAX DEDUCTION | <input type="checkbox"/> BIWEEKLY PRETAX DEDUCTION |
| <input type="checkbox"/> MONTHLY PRETAX REFUND | <input type="checkbox"/> BIWEEKLY PRETAX REFUND |

PAY PERIOD ENDING _____ **AMOUNT \$** _____

Initials/Date Sent to Information Management : _____

Initials/Date Entered/Changed/ Locked Out/ Deleted in McGann : _____

Initials/Date Entered/Changed/Deleted in Parker : _____

Verification of Payroll Deductions : _____

Supervisor: _____ **Date:** _____

