

**Payroll Deduction**

Howard University  
**Office of Parking & Shuttle**  
Washington, DC 20059

Request and Authorization for Payroll Deduction for Payment of Parking Fee

---

**Name of Employee (Print Last Name, First, Initial)**

**Employee ID Number**

---

The Taxpayer Relief Act of 1997; the Transportation Equity Act of 1998 (TEA) and subsequent changes to Section 132 (f) of the Internal Revenue Code makes HU employees eligible for pre-tax parking payroll deduction.

**Please choose from one of the following options:**

1. I am a 10 month employee. \_\_\_\_\_
2. I am a 12 month employee. \_\_\_\_\_

**Please choose from one of the following options:**

1. I hereby authorize Howard University to deduct from salaries due me, pre-tax parking fees currently established at \$ \_\_\_\_\_. To be deducted at \$ \_\_\_\_\_ per biweekly pay period.

2. I hereby authorize Howard University to deduct from salaries due me, parking fees currently established at \$ \_\_\_\_\_. To be deducted at \$ \_\_\_\_\_ per biweekly pay period.

Payroll deduction will automatically be enrolled pre-tax if an option is not selected.

I understand that this deduction will become effective \_\_\_\_\_. I further understand that this authorization may be revoked at any time that I cease to use the parking facilities by filing a written revocation request and surrendering the permit to the designated official.

I further understand that interruption of my payroll deduction by the surrender of my parking permit will not entitle me to refund of money unless excess funds were deducted. It is my responsibility to apply for any refunds due me.

I further understand and agree that if I receive any parking violations, I have thirty (30) calendar days after the date of issuance in which to pay the violation(s). Unpaid violations due in excess of thirty (30) calendar days will be subject to an additional twenty dollar (\$20) fine. If the violation(s) is not paid within thirty (30) calendar days, all outstanding delinquent amount (including additional fine), may be deducted from salaries due me.

---

Signature of Employee

Date

Permit # \_\_\_\_\_

\*For Payroll Office Only

Date Submitted to Payroll: \_\_\_\_\_