

ROCHESTER INSTITUTE OF TECHNOLOGY

Reserved Parking Salary Reduction Authorization

Please return this completed form to the Parking Office, Grace Watson Hall, to receive your permit.

1. EMPLOYEE INFORMATION

Name: _____ Social Security #: _____

Department: _____ Pay Type: Hourly Salaried

Daytime Phone: _____ E-Mail: _____

2. REASON FOR COMPLETING FORM

- A. enroll for an annual reserved parking permit by salary reduction *(complete sections 3 and 4)*
 B. cancel annual reserved parking permit by salary reduction *(complete section 4)*

3. PERMIT TYPE ELECTION

Please check the applicable boxes below for your election.

Lot Requested <i>(check one)</i>	Annual Permit Price
<input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> GW <input type="checkbox"/> J <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> U	\$115

OR

Permit Type	Annual Permit
<input type="checkbox"/> Multi-lot	\$172

4. EMPLOYEE SIGNATURE

I hereby authorize the foregoing salary reduction from my pay for the purchase of an RIT Reserved Parking Permit for a vehicle that I have registered with RIT's Parking Office. This authorization is to remain in effect until 1) I have paid the annual permit amount as elected above in full; 2) I terminate employment; or 3) I complete this form canceling the election and submit it along with my Reserved Parking Permit to the Parking Office.

I understand that this election will go into effect as soon as administratively possible. If electing to purchase a permit, the pay period salary reduction amount will be pro-rated based on the number of pay periods remaining until May 31 of the current academic year.

If I cancel this election in the future, **I understand that under IRS guidelines there will be no refunds.** The cancellation will be made on a prospective basis.

Employee Signature

Date

Office Use Only				
Parking Office:	Authorized by _____	Date _____	Permit # _____	
Payroll Department:	\$ _____	Deduction Start Date _____	Deduction End Date _____	Date Entered _____
	Per Pay-Period Amt			