

## AUTHORIZATION FOR PAYROLL DEDUCTION EMPLOYEE PARKING PERMIT

First Name	MI	Last Name	Employee ID
Street Address	City		State
Phone Number	Department		Date of Birth
Vehicle Make	Vehicle Model		Vehicle Color
License Plate Number	License Plate State		

12 Month Faculty/Staff

9 Month Faculty/Staff

By signing this form, I authorize Florida State University Payroll Services to make payroll deductions for my FSU parking permit. Below are the permit rates that are withheld bi-weekly. Deductions do not occur when there is a third check in the month

Select Parking Option	12 MONTH FACULTY/STAFF	9 MONTH FACULTY/STAFF
Regular	\$10.42	\$14.71
Reserved*	\$24.17	\$34.12
Motorcycle	\$2.45	\$3.45
Nights/Weekend	\$5.21	\$7.36

*\*Designated space on Level 1 of the Spirit Way Garage. All other locations require Senior Executive Approval.*

*I understand that I **must return my gate card and complete a stop payroll deduction form** to Transportation and Parking Services upon separation from employment with the university. Failure to return the gate card will result in a fine of \$15.00 that will be assessed by the Office of Business Services and collected by the University Controller's Office.*

Employee's Signature	Date
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	Processed By	Permit #