

**PARKING PERMIT
STOP PAYROLL DEDUCTION REQUEST**

_____ First Name	_____ MI	_____ Last Name	_____ EMPLID
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Permit Number			

I hereby request the payroll deduction for my "RP" Faculty/Staff Virtual Parking Permit be discontinued by FSU Transportation and Parking Services. In doing this, I agree to return any accessories (e.g. gate card, clicker, etc.) to the FSU Transportation and Parking Services office upon submission of this form.

_____ Employee's Signature	_____ Date
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Office Use Only

_____ Entered into system by	_____ Date
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