

ROCHESTER INSTITUTE OF TECHNOLOGY

Employee Reserved Parking Pre-Tax Salary Reduction Authorization

Return this completed form to the Parking Office, Grace Watson Hall, to receive your permit, if available.
 Reserved Parking is in effect: September 5, 2011 through August 19, 2012

1. EMPLOYEE INFORMATION

Name: _____ UID #: _____
 Department: _____ Pay Type: Hourly Salaried
 Daytime Phone: _____ E-Mail: _____

2. REASON FOR COMPLETING FORM

- A. enroll for a reserved parking permit by salary reduction (complete sections 3, 4 and 5)
 B. cancel reserved parking permit by salary reduction (complete section 5)

3. PERMIT TYPE ELECTION (please check the applicable boxes below for your election)

Lot Requested (check one)	Permit Choices and Prices (check one)
<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> U <input type="checkbox"/> KG* <input type="checkbox"/> CIMS West* <input type="checkbox"/> SAU <input type="checkbox"/> CIMS <input type="checkbox"/> GW <input type="checkbox"/> SH	<input type="checkbox"/> Full Academic Year \$ 152 <input type="checkbox"/> Three Quarters \$ 124 <input type="checkbox"/> Two Quarters \$ 96 <input type="checkbox"/> One Quarter \$ 48
Permit Type (check one)	Permit Choices and Prices (check one)
<input type="checkbox"/> Multi-lot** ** Good in lots E, F, J, M and U only!	<input type="checkbox"/> Full Academic Year \$ 214 <input type="checkbox"/> Three Quarters \$ 181 <input type="checkbox"/> Two Quarters \$ 136 <input type="checkbox"/> One Quarter \$ 68

* Limited quantity

4. PERMIT DELIVERY OPTIONS (please check one)

- Send it to my home address: _____
 I will pick it up at the Parking Office, Grace Watson Hall

5. 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 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 three-quarter 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:	\$ _____	_____	_____	_____
	Per Pay-Period Amt	Deduction Start Date	Deduction End Date	Date Entered