

ROCHESTER INSTITUTE OF TECHNOLOGY

Employee Payroll Deduction Cancellation Form

Reserved Parking Period
August 26, 2019 through August 7, 2019

EMPLOYEE INFORMATION

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

2. REASON FOR COMPLETING FORM

Cancel parking permit by salary reduction

3. PERMIT TYPE (please check the permit you wish to cancel)

Reserved
 General

4. EMPLOYEE SIGNATURE

I hereby request to cancel all future payroll deductions in association with the selected permit above. I understand that my permit will be deactivated, and I will obtain a different permit if needed.

I understand that under IRS guidelines there will be no refunds. The cancellation will be made on a prospective basis.

Employee Signature

Date

You may return the completed form to the Parking Office via inter-office mail, scan or fax.

*Grace Watson Hall – Bldg. 25
Fax Number 585-475-7510
Email: Parking@rit.edu*

Office Use Only

Parking Office:	_____ Authorized by	_____ Date	_____ Permit #
Payroll Department:	_____ Deduction End Date	_____ Date Entered	