



## PARKING PERMIT PAYROLL DEDUCTION FORM

Name \_\_\_\_\_

Employee ID/Last Four of SSN \_\_\_\_\_

Payroll Frequency: Monthly Payroll \_\_\_\_\_ Biweekly Payroll \_\_\_\_\_

Effective Date: \_\_\_\_\_

Term Date: June 30, 2020 \_\_\_\_\_

Please select one:

One Time Payment..... \$ \_\_\_\_\_

Biweekly Deduction Per Pay Period..... \$ \_\_\_\_\_

Monthly Deduction Per Pay Period..... \$ \_\_\_\_\_

Other..... \$ \_\_\_\_\_

Total Deduction.....\$ \_\_\_\_\_

I hereby authorize Fort Valley State University (FVSU) to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. Parking fees will only be prorated on new hires and based on hire month. I further understand and agree that deductions will be made on a post-tax basis per pay period.

**Note:** Employees who resign/terminate should return decals to the Office of Campus Police and Safety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*For the Office of Campus Police and Safety Use Only:*

\_\_\_\_\_  
Permit Number

\_\_\_\_\_  
Permit Amount