

Name \_\_\_\_\_ Empl ID \_\_\_\_\_

## Parking Authorization for Payroll Deduction

I, request The University of Texas Health Science Center at Houston pay parking charges in lieu of compensation otherwise payable directly to me until revoked by either party. This agreement is executed to be effective with respect to amounts earned or after the execution of this agreement, and pursuant to the provisions of Section 132(f) of the Internal Revenue Code of 1986 as amended and as authorized under Section 659.201, et.seq., Government Code, Vernon's Texas Civil Statutes, as amended.

### DEDUCTION POLICY: PARKING IS PAID ONE FULL MONTH IN ADVANCE

#### For such purpose, I hereby authorize UTHSC to take the action(s) indicated below:

Contract Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for the month of \_\_\_\_\_

Deduct from EACH paycheck on a pre-tax basis in the amount of  
\$ \_\_\_\_\_ (\$ \_\_\_\_\_ per month)

This is            An Initial Authorization            An Amended Authorization            Discontinuance

#### **Parking Coordinator Completes:**

1. \$ \_\_\_\_\_ Semi-Monthly Deduction Amount
2. \$ \_\_\_\_\_ Retroactive Amount Due (Begin Date \_\_\_\_\_ to End of Month \_\_\_\_\_)
3. \$ \_\_\_\_\_ Additional Retroactive Amount (if any) (\_\_\_\_\_)
4. \$ \_\_\_\_\_ Total One Time Deduction

Parking Coordinator Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Parking Facility:	AUX	HMC	MDA	MSI	OCB
	SON	UCT	UPG	PRES	PVAM
	JJL	SCL	LOT B		
	TMC Garage/Lot _____				

I, \_\_\_\_\_ understand that if parking rates increase, my deduction will automatically increase unless a signed Discontinuance form is provided to the Benefits Office. It is also my understanding that in the event of an adverse ruling by the Internal Revenue Service concerning the federal income tax liability of individuals who participate under this plan, it will be my responsibility to satisfy any federal income tax deficiency. I also understand that it is my responsibility to confirm that parking deductions are being taken from my paycheck. If deductions are not occurring, it is my responsibility to contact the parking office to resolve the issue. In the event that my access card is programmed to be unusable due to non-payment, a \$10 late fee will be assessed.

Sign Name \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_