PAYROLL DEDUCTION AUTHORIZATION

Employee Name (please print): ________________________________

Identification Number (B#): ________________________________
(Parking Office will provide if needed)

License plates to link to my permit: __________ , __________ , __________
(Upto 3 plates)

Parking Permit (select only one box):

Option 1: Garage/ Paid Lot Permit

Annual ☐ $500.00 total (8/16 – 8/15; $83.33 from each check of SIX payroll checks)
Fall ☐ $275.00 total (8/16 – 1/18; $68.75 from each check of FOUR payroll checks)
Spring ☐ $275.00 total (1/19 – 5/31; $68.75 from each check of FOUR payroll checks)

There is no summer deducted permit

Note: Garage parking payroll deductions are available year-round.

Option 2: Open Lot Permit

Annual ☐ $160.00 total (8/16 – 8/15; $40.00 from each check of FOUR payroll checks)

Note: Parking permit deductions made by the Research Foundation are only available for permits purchased by September 30 of the academic year.

TO THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK

I hereby authorize you to deduct $__________ from my salary check(s) in payment for the parking and registration fees as designated above.

I understand that I may revoke this payroll deduction at any time by giving written notice to the Research Foundation of State University of New York Personnel/Payroll Office, located in the ITC Building, first floor.

_________________________________________   __________________________
Employee signature                           Date

_________________________________________   __________________________
Parking Services Processing Approval          Date

_________________________________________   __________________________
Sponsored Funds Processing Approval           Date

2023-06-08