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BOWIE STATE UNIVERSITY 1865

BOWIE STATE UNIVERSITY
Deduction Authorization Form for Enrollment/Change/Cancellation
Pre-Tax Benefit for Faculty-Staff Parking Permits

This form is for the Pre-Tax benefit offered to Faculty/Staff PIN Employees, only. Contingent, adjunct and part-time employees are not eligible for this benefit. The form is used to establish or change the employee's contribution amount for bi-weekly parking fee deductions and is valid only when signed by both the employee and the Parking Office Coordinator.

Social Security Number

Human Resources/Payroll Agency Code

3	6	0	2	2	3

(Required by the State Central Payroll Bureau)

Deduction Action Required: **Initiate:** □ **Change:** □ **Cancel:** □

Employee Name – Please Print

_____ _____ _____

Last **First** **M.I.**

Employee Total Bi-weekly Deduction Amount: **(Please check one of the following) *GC Green Car**

Circle if you have a Green Car **GC**

□ Numbered Faculty/Staff Reserve (**prior approval**)	$7.25	$5.80	Bi-weekly /	$145 Annual *GC $ 116.00
□ Faculty/Staff	$5.25	$4.20	Bi-weekly /	$105Annual *GC $84.00

Employee Authorization

Effective upon receipt at the State Central Payroll Bureau, I authorize the State of Maryland to deduct from my salary the above amount and forward it to Bowie State University. I understand and agree that by authorizing to have automatic parking deductions taken out of my paycheck, the deductions will be on a pre-tax basis and will not be included in my Federal, State or FICA wage base. I authorize the bi-weekly deduction to be taken from my earnings in the amount indicated on this authorization form and acknowledge that the parking fee can be amended in accordance with future fee changes.

Total Payroll Deduction: _____

_____ _____

Employee's Signature Date

_____ _____

Parking Program Coordinator 301-860-4050 Date

BSU Application for Motor Vehicle Parking Permit				
Hangtag #	**Tag #**	**State**	**Last Name**	**First Name**

Driver's License#: _____

Check: **Faculty** □ **Staff** □

Year/Make of Vehicle: **2 Door** □ **3 Door** □ **4 Door** □

Campus Address: _____ **Phone:** _____

Home Address: _____

Phone #:_____**Student Employee ID#:** _____

Signature:_____**Rec. By:**_____**Date:** _____