



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**

- | | | | | | |
|--|---|--------|---------------------|-------------|---------------------------|
| | <small>Circle if you have a green car</small> | | <small>**GC</small> | | |
| <input type="checkbox"/> Designated Faculty/Staff Reserve (prior approval) | | \$7.65 | \$6.12 | Bi-weekly / | \$153 Annual *GC \$122.40 |
| <input type="checkbox"/> Numbered Faculty/Staff Reserve (prior approval) | | \$5.25 | \$4.20 | Bi-weekly/ | \$105 Annual *GC \$84.00 |
| <input type="checkbox"/> Faculty/Staff | | \$4.50 | \$3.60 | Bi-weekly / | \$ 90 Annual *GC \$72.00 |

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 taxes. 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 _____

| 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: _____

Home Address: _____

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

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