



PAYROLL DEDUCTION PERMIT APPLICATION

PAYROLL INSTRUCTIONS

Start Date _____

Payroll Deduct Amount \$ _____

Amount owed for prior months (PAW) \$ _____

OFFICE USE ONLY

Date Sent to Institution _____

Permit Type: 7th Street Garage Juniper Maple Gold Passport Silver Passport Bronze Passport Permit for Persons with Disabilities

Last Name First Name Middle Initial

Street Address or P.O. Box Apartment Number

City State Zip Code

Campus ID Number Driver's License Number State

Home Phone Number Work Phone Number E-Mail Address

Status: Faculty Staff **Institution:** AHEC CCD CU Denver MSU Denver

PARKING PERMIT

Please select one:

- I hereby authorize and request \$ _____ to be deducted from my monthly wages on a **pre-tax basis**.*
- I hereby authorize and request \$ _____ to be deducted from my monthly wages on an **after-tax basis**.

**I understand that by participating in this voluntary program, my reported salary to the Public Employees Retirement Association/Defined Contribution Pension Plan will be reduced by the above dollar amount. This may reduce my highest average salary calculation AND therefore adversely affect my retirement pay, should I retire within three years of the effective date of this authorization.*

The deduction will continue until written cancellation is received by my business/payroll office. Since payment must be made in advance, I understand that a double deduction may be made on the first effective date. Permit deductions may not exceed \$266.00 per month.

I agree to abide by Auraria Parking & Transportation Services's rules and regulations (printed matter available upon request). I also understand that all citations and other financial obligations to the Auraria Higher Education Center MUST BE CLEARED before a parking permit will be issued.

I hereby apply for a Payroll Deduction Permit for use in designated Auraria Campus parking lots. By signing below, I agree to abide by all guidelines for payroll deduction and all parking rules and regulations. I acknowledge that I have read the guidelines printed on this agreement.

Applicant Signature Date

VEHICLE INFORMATION

License Plate #	State	Make	Model	Permit Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

(**ONLY** one car per permit is allowed for Parking Passports.)

*This form must be retained for three years