



LSU Health New Orleans

HEALTH SCIENCES CENTER

**CANCELLATION OF PARKING
PAYROLL DEDUCTION**

NAME _____

EMPLid# _____

Agency: LSU Downtown LSU Dental IHL

DEPT _____

Classification _____

Parking Card# _____

Salary Classification: MONTHLY BIWEEKLY

CANCELLATION OF PAYROLL DEDUCTION WILL BE EFFECTIVE ON THE FIRST OF THE MONTH SUCCEEDING THE DATE OF SIGNING THIS FORM.

IF A DEPOSIT WAS PLACED ON A PARKING CARD, THIS RELEASE FORM MUST BE ACCOMPANIED BY THE PARKING CARD ASSIGNED TO THE EMPLOYEE REQUESTING THE RELEASE OR BY THE AMOUNT SET FOR LOST CARDS.

EMPLOYEE'S SIGNATURE DATE

PARKING OFFICIAL APPROVAL DATE