## LSU Health Sciences Center **Parking Payroll Deduction Form**

## **Downtown Campus**



	e Parking Office	and sign with ink. (RCB, 433 Bolivar Stre Ihsc.edu or fax to 568-	
Name:			
		ase type or print)	
Employee ID#:			
Department:		Phone Number:	
Employment Status:	Full-time	Part-time (< 2)	0 hours)
Payroll Status:	Monthly	Bi-weekly	Bi-monthly
the appropriate an Employee's parking	nount per pay p g deduction will	eriod, in the <u>total year</u>	t from my payroll check <u>ly</u> amount of \$ y with position changes
or percent effort cl	nanges.		
Part-Time Fac House Officers	ulty and Staff - s / Fellows	50% or Less	\$156 \$324
This de	duction is pre	-tax. (Deduct Code -	GEN023)

** Payment of parking fees by payroll deduction is available only to University employees paid on a regular basis by	Signature	Date
the LSU Health Sciences Center - New Orleans Payroll Department.	Effective Date	
This excludes student workers, Healthcare Network employees, UMC employees, and contract employees.	Parking Office Approval	

## Agreement to Comply with Rules and Regulations of LSUHSC Campus Parking

As a condition of receiving parking privileges from the LSU Health Sciences Center, I agree it is my responsibility to understand and comply with all rules and requirements contained in the parking regulations, a copy of which I acknowledge receipt of with my vehicle registration forms. Further, I understand that non-compliance can result in my receipt of a notice of violation citation with a monetary penalty assessed in accordance with the schedule of violation fees which is part of the parking regulations.

I further acknowledge, agree, and authorize the LSU Health Sciences Center - New Orleans to deduct delinquent violation assessments not under review by the Parking Committee from my next payment from the LSU Health Sciences Center from any source (if applicable). My signature above to this document indicates I have read, understand, and will comply with the requirements of the parking regulations.