

Parking Permit Payroll Deduction Cancellation Form

Name _____ G# _____
 (Please print)

I request the **cancellation of my pretax payroll deduction for my parking permit** to be effective on my paycheck dated _____

I understand that **Transportation & Parking Services must receive my permit and this form by the 15th of the month** to cancel the deduction on my next paycheck. Permits and/or forms received after the 15th of the month will be processed and take effect on the following months' paycheck. See chart below for dates.

Signature _____ Date _____

**SEND YOUR PARKING PERMIT AND THIS SIGNED FORM TO:
 Transportation & Parking Services
 SY-CSB-329**

If you have any questions, please contact Transportation & Parking Services at 971-722-8181.

Date Permit and Form are Received by Transportation & Parking Services:	Payroll Cancellation Effective Date
Jan 16th – Feb 15th	Mar 1st
Feb 16th – Mar 15th	Apr 1st
Mar 16th – Apr 15th	May 1st
Apr 16th – May 15th	Jun 1st
May 16th – Jun 15th	Jul 1st
Jun 16th – Jul 15th	Aug 1st
Jul 16th – Aug 15th	Sep 1st
Aug 16th – Sep 15th	Oct 1st
Sep 16th – Oct 15th	Nov 1st
Oct 16th – Nov 15th	Dec 1st
Nov 16th – Dec 15th	Jan 1st
Dec 16th – Jan 15th	Feb 1st