

Parking Permit Payroll Deduction Cancellation Form

Name _____ G# _____
(Please print)

Please **cancel my pretax payroll deduction for my parking permit** effective on my _____ paycheck.

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.

Please note: Once your payroll deduction is canceled, you will not be eligible to re-enroll in the payroll deduction parking program for **three (3) months** from the cancellation date. This policy is intended to promote fairness and prevent short-term cancellations used to avoid monthly permit payments.

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
6th – Jan 15th	Feb 1st