

TO: Payroll Date: _____

FROM: Facilities Construction & Management

SUBJECT: **LEASED PARKING PAYROLL DEDUCTION FORM**

Effective _____ I _____
(Date), (Employee Name – Please Print)

I hereby authorize one or more of the following (Please check the appropriate item(s):

- ☐ Initiate monthly payroll deduction of \$30.00 for covered leased parking space at City of Palms garage.
- ☐ Initiate monthly payroll deduction of \$30.00 for covered leased parking space in Employee Garage Parking Facility.
- ☐ Initiate monthly payroll deduction of \$15.00 for covered leased motorcycle parking space in Employee Garage Parking Facility.
- ☐ Initiate monthly payroll deduction of \$10.00 for uncovered leased parking space Employee Garage Parking Facility.
- ☐ Initiate monthly payroll deduction of \$10.00 for uncovered leased motorcycle parking space CD/PW Bldg Parking Lot.
- ☐ Initiate monthly payroll deduction of \$30.00 for covered parking space at Justice Center Annex Parking Facility.
- ☐ Initiate monthly payroll deduction of \$10.00 for uncovered parking space at Justice Center Annex Parking Facility.
- ☐ Initiate monthly payroll deduction of \$30.00 for premium parking.
- ☐ Initiate monthly payroll deduction of \$10.00 for T2, T3, T5 or T6 parking.
- ☐ Initiate monthly payroll deduction of \$7.50 for Intern parking at a Public Parking Lot.
- ☐ Cancellation of monthly payroll deduction of \$_____.
- ☐ I understand that an additional parking fee of _____ for the current month of _____ will be deducted from the paycheck dated _____.

Lee County's Qualified Parking Fringe Benefit Plan enables you to have your parking expenses deducted from your payroll on a pre-tax basis under Section 132 of the Internal Revenue Code. Please check one of the following to enroll or decline participation in this Plan (non-selection will default to automatic enrollment in the Plan):

- ☐ I wish to enroll in the Qualified Parking Fringe Benefit Plan and have my parking expenses payroll deduction on a pre-tax basis and excluded from my gross income.
- ☐ I wish to decline enrollment in the Qualified Parking Fringe Benefit Plan and understand that my payroll deducted parking expenses will be subject to federal income and social security taxes.

This salary reduction agreement will be valid until the election is changed by the employee or until the parking deduction agreement is no longer in effect.

(Employee ID)

(Department/Division)

(Work Phone Number)

(Employee Signature and Date)