

Employee Parking Registration Form

All employees who wish to park on either campus should submit this form and register their vehicle(s).

Name: _____ 909: _____

Department: _____

Job Title: _____ Phone: _____

Payroll Deduction (select one or leave blank if unsure)

___ 12-month Faculty – \$7.50 per pay period

___ 9-month & Limited-Term Faculty – \$9.00 per pay period

___ Bi-Weekly Staff – \$3.75 per pay period

___ Monthly Staff – \$7.50 per pay period

___ Reserved Space (Vice Presidents and Deans only) – \$15.00 per pay period

___ Part-Time or Temporary Faculty / Staff – no charge

Vehicles

Only one vehicle may be parked on campus per permit. It is the permit holder's responsibility to update Parking Services with any vehicle changes, even if only temporary. Failure to register additional or new vehicles may result in ticketing.

Primary Vehicle

Year: _____ Make: _____ Model: _____

Color: _____ State: _____ Tag #: _____

Additional Vehicle

Year: _____ Make: _____ Model: _____

Color: _____ State: _____ Tag #: _____

Authorization Statement

My signature below authorizes Columbus State University to deduct the parking fee as indicated above (and verified by HR) from my paycheck. This deduction will continue until I notify both Parking Services and Human Resources of my request to end automatic payroll deduction. Permit charges would then be due on an annual basis. The above-listed deduction amounts may change as my payroll status or permit prices change. Regardless of payment method by signing this form, I agree to the rules and regulations as listed in the Parking Code.

Signature

Date