



BOWIE STATE UNIVERSITY
Deduction Authorization Form for Enrollment/Change/Cancellation
Pre-Tax Benefit for Faculty-Staff Parking Permits

This form is for the Pre-Tax benefit offered to Faculty/Staff PIN Employees, only. Contingent, adjunct and part-time employees are not eligible for this benefit. The form is used to establish or change the employee's contribution amount for bi-weekly parking fee deductions and is valid only when signed by both the employee and the Parking Office Coordinator.

Social Security Number

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Human Resources/Payroll Agency Code

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(Required by the State Central Payroll Bureau)

Deduction Action Required:

Initiate:

Change:

Cancel:

Employee Name – Please Print

Last

First

M.I.

Employee Total Bi-weekly Deduction Amount:

Circle if you have a Green Car

(Please check one of the following) *GC Green Car

GC

Numbered Faculty/Staff Reserve (prior approval)

\$5.75 \$4.60 Bi-weekly / \$115 Annual *GC \$ 92.00

Faculty/Staff

\$4.75 \$3.80 Bi-weekly / \$ 95 Annual *GC \$76.00

Employee Authorization

Effective upon receipt at the State Central Payroll Bureau, I authorize the State of Maryland to deduct from my salary the above amount and forward it to Bowie State University. I understand and agree that by authorizing to have automatic parking deductions taken out of my paycheck, the deductions will be on a pre-tax basis and will not be included in my Federal, State or FICA wage base. I authorize the bi-weekly deduction to be taken from my earnings in the amount indicated on this authorization form and acknowledge that the parking fee can be amended in accordance with future fee changes.

Total Payroll Deduction:

 Employee's Signature

 Date

 Parking Program Coordinator 301-860-4050

 Date

BSU Application for Motor Vehicle Parking Permit

Hangtag #	Tag #	State	Last Name	First Name

Driver's License#: _____

Check: **Faculty** **Staff**

Year/Make of Vehicle: **2 Door** **3 Door** **4 Door**

Campus Address: _____ **Phone:** _____

Home Address: _____

Phone #: _____ **Student Employee ID#:** _____

Signature: _____ **Rec. By:** _____ **Date:** _____