



Pre-Tax Parking Waiver

(Please send completed form to Public Safety with your Parking Application)

Identification

UO ID _____ Name _____
Last First Middle

Email _____ Telephone _____

Department _____

Declaration

I elect to waive the opportunity to participate in the Pre-tax Parking Plan.
 I understand that by not participating in the plan, any cost I am required to pay for my faculty/staff parking permit through payroll deductions will be made after all applicable federal and state taxes have been withheld.

Payroll Office Use

Entered by _____

Date _____

Authorization

	Signature	Date
Employee		