

Employee Parking Payroll Deduction Authorization

C#: _____ First Name: _____ Middle Initial: _____ Last Name: _____

E-mail Address: _____ Department: _____

Interoffice Mail Code: _____ Office Phone: _____ Preferred Phone: _____

Full time faculty and staff who have been pre-approved to park at one of the below locations may submit this authorization to the address at the bottom. Please select the appropriate location and salary range below:

Garage / Lot	Salary	\$0 - \$35,000	\$35,001 +
14th Street Garage (CRB)	<i>Please select one option.</i>	\$48.15	\$67.68
15th Street Garage		\$48.15	\$67.68
Highland Garage		\$77.83	\$77.83
Jackson Towers		\$77.83	\$77.83
Lennar Medical Center		\$21.33	\$42.58
Park Plaza East		\$77.83	\$77.83
Park Plaza West		\$77.83	\$77.83

Employees with benefits:

I authorize the University of Miami to deduct the above amount from my check each month on an after-tax basis until I cancel in writing. I understand the University will evaluate my salary periodically and adjust the deduction amount as required. The above rates include 7% Florida sales tax and 15% City of Miami parking surcharge for all locations on the Medical campus.

Part time, per diem, and contractors may purchase parking in person at the office address below by cash or check.

I agree to abide by University of Miami Parking rules and policies and understand that violations will result in disciplinary action up to and including possible termination and/or prosecution. In summary, selling, sharing, or giving parking passes to others is forbidden.

Signature: _____

Date: _____

Fax	Public Safety Administration Office
Mail	Dominion Parking Garage
E-mail or	1051 NW 14th Street, Suite 145
Hand Deliver	Miami, FL 33136
	Office: (305) 243-6280 (2)
	Fax: (305) 243-8189
	ppasses@miami.edu