

Illinois State University Parking Permit Payroll Deduction Authorization

Faculty/Staff permits may be paid through payroll deduction. Your permit must be paid in full by the end of May 2004. For nine month deduction, please refer to the table below. If less than nine months, please divide the amount of your permit by the number of payrolls left through May 2004.

I hereby authorize Illinois State University to deduct \$ _____ from each of my payroll checks. This deduction will terminate when a total of \$ _____ is deducted.

I am paid **MONTHLY** **SEMI-MONTHLY** (please check one)

Signed _____ **Dated** _____ **SSN#** _____

Name _____

Dept _____

Bldg _____

(Return entire form to Parking Services)

Name _____

SSN _____

Dept _____

Bldg _____

Illinois State University
Parking Services
709 N. Main St.
Normal, IL 61790-9250

You may order a permit by completing this application and returning it to Parking Services (9250) by **June 6, 2003: This is a firm deadline for reserved space holders.** If you have any questions, please call 438-8391, or stop by Parking Services at 709 N. Main St. Payroll deductions will begin in September 2003.

Faculty/Staff permits are intended for the exclusive use of the applicant (only one permit per employee allowed).

APPLICATION FOR FACULTY-STAFF PARKING PERMIT
(Please complete any missing data or correct any incorrect information.)

MAKE	YEAR	COLOR	MODEL	STATE	LIC PLATE #

Please check the permit you are renewing:

Faculty/Staff Surface Permit \$70.00
 Reserved Parking Permit # _____ \$263.00
 F35/F37 (Non-Reserved) Top Level of School St. & South Univ. St. Garages \$231.00
 Motorcycle/Moped \$29.00
Total Amount Enclosed \$ _____
Total Payroll Deduction (begins Sept. 2003) \$ _____

9 Month Deduction Table:

Monthly	Semi-Monthly
7.77	3.88
29.22	14.61
25.66	12.83
3.22	1.61

Make checks payable to:
Illinois State University

Please check the reserved waiting list you would like to be placed on:

School St. Garage North Univ. St. Garage South Univ. St. Garage

E-mail address _____ Are you a 25 year employee? Yes No (please check one)

Office Use Only: PRD Amount \$ _____ MO/SM Date to Payroll _____