



## PARKING BENEFIT DECLINATION FORM (Monday-Friday Day Shift employees)

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Extension: \_\_\_\_\_

Typical Shift Start Time: \_\_\_\_\_ am

Shift End Time: \_\_\_\_\_ pm

**I declare that I will forfeit the parking access benefit and request subsidy in lieu of parking access for one of the following choices.**

- I will be riding a bicycle to work
  - I request a bicycle locker
- I will be walking to work
- Other (describe) \_\_\_\_\_

**I understand that I must submit enrollment/disenrollment requests before the 7<sup>th</sup> of the month in order for the change to be reflected the following month. The credit will be \$27.69 biweekly, which is equivalent to \$60 per month.**

**By signing this form, I acknowledge the following:**

- I do not intend to use a parking space for a vehicle and will not have badge access to the parking garage
- I do not use any other parking or transportation subsidy
- That all the information I provided is correct and will remain unchanged within the next 3 months
- If I do choose to park onsite, I must pay the full daily rate. *No Exceptions.*
- If my primary work schedule changes, I will promptly notify Human Resources. If this notice is not made in a timely manner, *I understand that I will be required to repay any subsidy to which I was not entitled.*

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**For HR/Security Use Only**

- Employee is Full-time, Part-time, or Limited (budgeted to work at least 20 hours/week)**
- Employee's primary work schedule is Monday - Friday day shift**
- Employee's Parking Garage Access Inactivated on** \_\_\_\_\_
- Employee Assigned Bicycle Locker # (if applicable)** \_\_\_\_\_
- DATE SECURITY SENDS FORM TO HR** \_\_\_\_\_
  
- Subsidy request of \$27.69/biweekly sent to Corporate HRSS on** \_\_\_\_\_
- Subsidy begins pay date** \_\_\_\_\_