



## 2019 – 2023 Full-Time Faculty & Staff Vehicle Registration

Below are the current permit fees and payroll deduction amounts based on employee status. Please check the appropriate status. Your employee status will be verified with Human Resources before the permit is processed.

### Select one (X)

Annual Salary	Payroll Deduction Per Pay	Total Yearly Fee
____ \$2,500 - \$20,999	\$ 2.36	\$56.64
____ \$21,000 - \$41,999	\$ 8.75	\$210.00
____ \$42,000 - \$62,999	\$12.68	\$304.32
____ \$63,000 - \$83,999	\$16.72	\$401.28
____ \$84,000 - \$104,999	\$20.48	\$491.52
____ \$105,000 +	\$24.68	\$592.32

### Customer Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Mail Stop Code (MSC): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### Vehicle Information:

License Plate #	State	Year	Make	Color

Contact Parking Services if your vehicle information changes or your permit is lost or stolen.

By signing this form, I accept full responsibility for violations of the parking regulations involving my vehicle or permit regardless of who parks the vehicle on campus.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2021 – 2022 Part-Time Faculty & Staff Vehicle Registration

Below are the current permit fees and payroll deduction amounts based on employee status. Please check the appropriate status. Your employee status will be verified with Human Resources before permit is processed.

### Select one (X)

Annual Salary	Payroll Deduction Per Pay	Total Yearly Fee
<input type="checkbox"/> Part-time or Wage	\$ 2.36	\$56.64

### Customer Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Mail Stop Code (MSC): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### Vehicle Information:

License Plate #	State	Year	Make	Color

Contact Parking Services if your vehicle information changes or your permit is lost or stolen.

By signing this form, I accept full responsibility for violations of the parking regulations involving my vehicle or permit regardless of who parks the vehicle on campus.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Faculty & Staff Vehicle Registration Payroll Deduction Authorization Form

## Payroll Deduction

☐ I authorize payroll deduction of the amount specified by James Madison University for my salary range and status. **I understand this deduction will begin immediately and will remain in effect until the permit is returned to Parking Services and or request is made for the deduction to be discontinued.** (i.e. Termination of employment, or no longer wishing to permanently register a vehicle, etc.)

**\*Print Name\***

_____ (Last)	_____ (First)	_____ (Middle Initial)
_____ *Payment Authorization Signature		____/____/____ Date

\*Mandatory fields required to process application.

## Pre-tax Deduction

Tax codes allow parking fees to be deducted from pre-tax dollars. By allowing a pre-tax deduction, an employee participating in payroll deduction will have his/her taxable income reduced.

Employees are automatically enrolled in the pre-tax program unless they notify payroll in writing that they are opting out by signing the section below.

### **Pre-tax Deduction Opting Out Authorization**

- I do **NOT** wish to participate in the pre-tax payroll deduction of vehicle registration fees.

_____ (Signature)	____/____/____ (Date)
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**Parking Services use only\***

Full, 1/2, or 1/3 Deduction Per Pay: \$ \_\_\_\_\_

Empl. ID: \_\_\_\_\_

Total Deduction: \$ \_\_\_\_\_

Parking Services use only  
Permit #: \_\_\_\_\_

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

Date: \_\_\_\_\_

Initials: \_\_\_\_\_