

UCLA *Parking*

PAYROLL DEDUCTION CANCELLATION

PLEASE TYPE OR PRINT

Reason for Cancellation: ☐ Employment Terminated ☐ Employee on Extended Leave ☐ Permit Type Transfer ☐ Payment Cash ☐ Retired
☐ Carpool/ Vanpool ☐ Other (please describe): _____

Parking Cancellation Date: _____

Employee Name: _____ University I.D. No: _____
Last Name First Name

Home Address: _____ Phone (Work): _____
Number Street Apt.
City State Zip Code
Phone (Home): _____

Employee's Dept: _____ Name of Coordinator: _____

PLEASE READ THE FOLLOWING CAREFULLY:

I hereby request cancellation of the deductions from my payroll earnings previously authorized for the parking permit issued to me .

The following conditions apply:

1. It is my responsibility to return parking permit and gate entry card to Parking Services immediately upon termination or prior to an extended leave of absence. I will also submit a Payroll Deduction Cancellation form to stop future deductions.
2. If applicable, a pro-rated refund will be calculated based on return date of permit and gate entry card to Parking Services. For any past due fees or other fees, including fees for non-return of permits and/or gate entry cards, the refund amount will be adjusted accordingly.
3. Refunds will be processed based on departmental and payroll deadlines. When submitted to Payroll, the refund will be reflected on paystub.

Employee Signature: _____
Employee Signature Date

FOR PARKING SERVICES USE ONLY

Permit (s) number returned _____ Gate entry card returned _____

Cancellation of deductions effective with payroll for _____ Permit Type _____

Approved by Parking Services _____
Signature Date

Employee I.D. Number _____ Date _____ Element No. _____

Date entered on-line: _____ A/R staff initial: _____