

LSU Health Sciences Center Parking Payroll Deduction Form

Downtown Campus



Complete and sign with ink.

Return to the Parking Office (RCB, 433 Bolivar Street, Room 158)
email to park@lsuhsc.edu or fax to 568-2116

Name: _____
(Please type or print)

Employee ID#: _____

Department: _____ Phone Number: _____

Employment Status: Full-time Part-time (\leq 20 hours)

Payroll Status: Monthly Bi-weekly Bi-monthly

I hereby authorize LSU Health Sciences Center to deduct from my payroll check the appropriate amount per pay period, in the total yearly amount of \$ _____
Employee's parking deduction will be updated accordingly with position changes or percent effort changes.

Parking Fees:

- Full-Time Faculty and Staff\$290
- Part-Time Faculty and Staff - 50% or Less\$100
- House Officers / Fellows\$220
- Reserved (Space Already Assigned)\$523

Please check one

- This deduction is pre-tax. (Deduct Code - GEN023)
- This deduction is taxable. (Deduct Code - GEN019)

** Payment of parking fees by payroll deduction is available only to University employees paid on a regular basis by the LSU Health Sciences Center - New Orleans Payroll Department.

This excludes student workers, Healthcare Network employees, MCLNO employees, and contract employees.

Signature _____ Date _____

Effective Date _____

Parking Office Approval _____

Agreement to Comply with Rules and Regulations of LSUHSC Campus Parking

As a condition of receiving parking privileges from the LSU Health Sciences Center, I agree it is my responsibility to understand and comply with all rules and requirements contained in the parking regulations, a copy of which I acknowledge receipt of with my vehicle registration forms. Further, I understand that non-compliance can result in my receipt of a notice of violation citation with a monetary penalty assessed in accordance with the schedule of violation fees which is part of the parking regulations.

I further acknowledge, agree, and authorize the LSU Health Sciences Center - New Orleans to deduct delinquent violation assessments not under review by the Parking Committee from my next payment from the LSU Health Sciences Center from any source (if applicable). My signature above to this document indicates I have read, understand, and will comply with the requirements of the parking regulations.