



**Parking Payroll Deduction Form  
School of Dentistry Campus**

Complete and sign with ink.  
Return to Parking Services (Administration Building Room 2102), email to [park@lsuhsc.edu](mailto:park@lsuhsc.edu), or fax to 504-941-8102

Name: \_\_\_\_\_  
(Please type or print)

Employee ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employment Status:  Part-time  Fulltime

Payroll Status:  Monthly  Biweekly

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:**

- Faculty Full-Time..... \$240
- Staff Full-Time ..... \$120
- Faculty Part-Time >50% and <75% ..... \$180
- Faculty Part-Time 50% or Less..... \$100
- Reserved (Space Already Assigned) ..... \$300

**Please Check One:**

- This deduction is pre-tax. (Deduct Code – GEN022)
- This deduction is taxable. (Deduct Code – GEN020)

*Note: Payment of parking fees by Payroll Reduction is available only to University employees paid on a regular basis by LSUHSC-NO Payroll Department. This excludes student workers, Healthcare Network employees, IHL 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 noncompliance 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.**