LSU Health Sciences Center 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, or fax to 504-941-8102

Name:		
(Pleas	se type or print)	
Employee ID#:		
Department: Pho	ne Number:	
Employment Status: 🗌 Part-time	☐ Fulltime	
Payroll Status: Monthly	Biweekly	
☐ I hereby authorize LSU Health Sciences C per pay period, in the total yearly amount		oll check the appropriate amount
Employee's parking deduction will be upd	ated accordingly with position	changes or percent effort changes.
☐Faculty Full-Time	\$180 \$264 \$156	
This deduction is pre-tax. (Deduc	t Code – GENO22)	
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, UMC 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.