

Employee ID (Required) \$ Bi-weekly Deduction (Please Print) LAST Name FIRST Name MI

CANCELLATION OF EMPLOYEE PARKING PAYROLL DEDUCTION

Code 35 Code 34 Code 3A Code 3B

This is a request to the City of Los Angeles Commute Options & Parking Section (COPS) to cancel deductions from my wages/salary for employee parking. I understand that this cancellation shall not become effective until **I RELINQUISH MY PERMIT/KEYCARD.**



Date: _____	Employee Signature: _____
Department: _____	Work Telephone: _____
Date: _____	COPS Rep Signature: _____
Effective Date: _____	Parking Permit Type/Lot#: _____