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Employee ID. (Required)

Bi-weekly Deduction

(Please Print) LAST Name

FIRST Name

MI

EMPLOYEE PARKING PAYROLL DEDUCTION

Code 35

Code 34

Code 3A

Code 3B

This is an authorization for the City of Los Angeles Commute Options & Parking Section (COPS) to deduct from my wages/salary the fee for employee parking. This authorization shall be effective until I 1) **RELINQUISH MY PERMIT/KEYCARD** and 2) **SUBMIT A NOTICE** to stop the deduction. If, at any time, the amount of said fees are changed by the City, COPS is authorized to change the deduction from my wages/salary accordingly. COPS may cancel this deduction if I fail to meet the terms and conditions of the Employee Parking Program. I understand that I cannot be refunded for more than three months of parking fees.



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