

# ANGELO STATE UNIVERSITY

## SALARY REDUCTION AGREEMENT FOR PARKING PERMIT FEES

LAST NAME	FIRST NAME	MIDDLE NAME
CAMPUS ID NUMBER	CAMPUS PHONE NUMBER	

**Election:**

I request that Angelo State University pay parking permit fees, on my behalf, in lieu of compensation otherwise payable directly to me. This agreement shall remain in effect until cancelled or my employment terminates. This agreement is executed with compensation earned on or after the first working day of the month following execution of this agreement, and pursuant to provisions of Section 132(f) of the Internal Revenue Code of 1986, as amended, and as authorized under Section 659.201, et. Sep., Government Code, Vernon's Texas Civil Statutes, as amended. The payroll deduction amount each month will be based on the current rate for the parking permit assigned. I understand that deductions taken under this code section cannot be refunded for any reason.

I understand that in the event of an adverse ruling by the Internal Revenue Service concerning the federal income tax liability of individuals who participate under this plan, it will be my responsibility to satisfy any federal income tax deficiency.

FOR SUCH PURPOSE, I HEREBY AUTHORIZE

**Payroll deduction on an after-tax basis (PKA)** Deduction has no impact on taxable gross

I hereby authorize payroll deduction for the parking permit selection above. I understand that:

- The annual parking permit fees are subject to change and I hereby authorize my payroll deduction to be changed according to the selection above for the duration of my employment at Angelo State or until I take action to terminate the payroll deduction.
- My parking permit can be revoked and University Police can terminate the payroll deduction in the event of unpaid parking tickets or failure to pay the required amounts due for the permit.
- Upon separation of employment from Angelo State University, I must remove and surrender the parking permit to University Police.
- Deductions are not eligible for refund.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Cancellation:**

I understand that:

- I must remit to Angelo State a personal check for any months which I do not have a payroll deduction.
- If I choose to cancel the payroll deduction, I must notify University Police in person and the cancellation will be effective for payrolls processed after the first of the month following receipt of the cancellation notice in the Payroll Services Office.

I hereby elect to cancel my payroll deduction for my parking permit.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date