THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DC

THE GEORGE WASHINGTON UNIVERSITY AUTHORIZATION FOR PARKING DEDUCTION

E-mail the completed form to fssc@gwu.edu

NAME:				GWID:			
Effective Date of Change:		New E	New Enrollment		Change	Termination	
Affiliation	MFA	Pay Frequency	Bi-Weekly (B	W)	Parking Location	Foggy Bottom	
	UHS		Monthly (MC))		Mount Vernon	
GW University			9 Month Fact	ulty			
Indicate parking	Car		Carpool			Motorcycle	
If Carpool, indicate who you are carpooling with (name): Primary Work Address/Building (we will do our best to assign parking in a close garage)							
Indicate salary rar	n ge Belo	ow \$ 50K	\$ 50K - \$ 90k	<		Over \$ 90K	
New Contracts: I hereby authorize deduction from my paycheck for parking privileges effective the beginning date noted above. I understand that my deduction for parking privileges will automatically be adjusted to reflect any changes in university parking rates and deductions will continue until I officially sign forms to terminate parking privileges. I hereby agree to adhere to all the rules and regulations established by the University and Parking Services regarding the Parking Program. Note: Parking rules can be found at transportation.gwu.edu. This approval for payroll deductions will suspend other pre-tax transportation deduction arrangements (TransIT). Employee Signature (Electronic signature or employee signature only) Date							
To be completed by Parking Services							
Payroll eff. Date				Dec	ducted amount / MO		
If prorated amount Last \$ deduction if terminated				Prorated \$ for first deduction			
Lot #		Sticker #		ADDITION	IAL NOTES FOR PAYROLL	:	
Gworld ID #		Puck #					
To be completed by Payroll Services Plan code							
Deduction start da	ate	Proce	ssed				

GW PARKER INFORMATION FORM

WASHINGTON, DC

Applicant Information:							
Name:							
Street Address:							
City, State and Zip Code:							
Phone number:							
Email Address:							
Signature:							
Date:							
CARPOOL Information	(Please list the Name and GWID # of 2nd Driver)						
Name:							
GWID #							
Email Address:							
Vehicle #1 Information	New	Change					
Year / Color:							
Make / Model:							
Tag number / State:							
Vehicle #2 Information	New	Change					
venicie #2 mormation	INEW	Change					
Year / Color:							
Make / Model:							
Tag number / State:							

Please return completed form to FSSC@gwu.edu for processing. If you have any questions, call (202) 994-8517 or (202) 994-8524