Clear Form

THE GEORGE WASHINGTON UNIVERSITY
AUTHORIZATION FOR PARKING DEDUCTION

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

NAME: _____ **GWID:** _____

Effective date of change: _____ ☐ New Enrollment ☐ Change ☐ Termination

Affiliation ☐ MFA ☐ UHS ☐ GW University

Pay Frequency ☐ Bi-Weekly (BW) ☐ Monthly (MO) ☐ 9 Month Faculty

Parking Location ☐ Foggy Bottom ☐ Mount Vernon

Indicate parking ☐ Car ☐ Carpool ☐ Motorcycle

If Carpool, indicate who are you carpooling with (name): _____

Preferred Parking Garage
(we will do our best to accomodate your preference) _____

Indicate salary range ☐ Below $ 55K ☐ $ 55K - $ 100K ☐ Over $ 100K

New Contracts:
I hereby authorize deductions 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 **Date**
(Electronic signature or employee signature only)

To be completed by Parking Services

Payroll eff. Date _____ **Deducted amount / MO** _____

If prorated amount: Last $ deduction if terminated _____ **Prorated $ for first deduction** _____

Lot # _____ **Permit #** _____

Gworld ID # _____ **IClass #** _____

ADDITIONAL NOTES FOR PAYROLL:

To be completed by Payroll Services

Plan code _____

Deduction start date _____ **Processed** _____

Revised 01/10/2023

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GW PARKER INFORMATION FORM

Aplicant 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

Year/ Color _____

Make/ Model _____

Tag Number/ State _____

Please return completed form to parking@gwu.edu for processing. If you have any questions, call (202)-994-7199