

PARKING CANCELLATION FORM

Employee Name

Employee ID Number

Effective Date ** (Must include): _____

Please cancel my parking privileges and end my parking payroll deduction for the following:

- School Year (August – May)**
- Summer Session**

I understand that no refund for parking fees can be offered if the payments were made under the I.R.S. sec 132 pre-tax parking program.

Employee Signature

Date

Approval Signature

Date

Approval signature required is as follows:

- Downtown Campus:
 - ◆ Erika Crosby – M278
- Outlying Campuses:
 - ◆ **North** – Gwendlyn Clayton
 - ◆ **South** – Judy Brand
 - ◆ **West** – Mary Chrzanowski