

Payroll Deduction Form for Parking Registration

Employee ID # _____ Number of vehicles to register _____

Name: Last _____ First _____ MI _____

Status: Part-time Faculty / Staff Full-time Staff
 Full-time Faculty 9 month or 12 month

PARKING FEES

| | | |
|--------------------------------------|--------------------------|-------|
| Faculty / Staff < \$40,000 | <input type="checkbox"/> | \$98 |
| Faculty / Staff \$40,000 - \$70,000 | <input type="checkbox"/> | \$124 |
| Faculty / Staff > \$70,000 | <input type="checkbox"/> | \$155 |
| Faculty / Staff Supplemental Vehicle | <input type="checkbox"/> | \$21 |

AUTHORIZATION

I authorize the UVA Wise parking fee noted above to be payroll deducted.

Signature

Date

DEPARTMENT USE ONLY

Parking Fee _____

Signature

Date

CAMPUS POLICE
1 College Avenue
Wise, VA 24293
Phone 276-328-0190 or 276-328-COPS
Fax 276-376-1074