

**Old Dominion University
Salary Reduction Agreement
For Pre-Tax Parking Decal/Fee Program
Code 132(f) (4) Accounts**

INSTRUCTIONS:

- + To participate in the Pre-Tax Parking Decal/Fee Program **read and initial each statement below.**
- + You must be teaching/research faculty on 24 pays, AP faculty on 24 pays or classified staff on 24 pays to be eligible.
- + Print your Name and University Identification Number and Sign and Date this form.

_____ I agree to participate in pre-tax parking Payroll Deduction for the 2011/2012 parking permit period.

_____ I understand Old Dominion University will reduce my salary each semi monthly pay period by the fee specified for University Parking in the FS payment option permit fee chart (www.odu.edu/parking)

_____ I understand Old Dominion University will forward the amount of the reduction to the Office of Parking Services on a semi-monthly basis.

_____ This Pre-tax Salary Reduction Agreement will remain in effect until I complete another salary reduction agreement, a new decal period has begun, or I notify Parking Services of any changes and/or cancellation.

Annual Parking Decal Amt: _____; Semi-monthly Payroll Deduction: _____

By: _____ Date: _____
Employee Signature

Employee Name (Please Print)

University Identification Number

Parking Services Use Only:

Salary Reduction Agreement Rec'd by: _____ Date Rec'd: _____

Terminate Agreement:

Refund Amount (if any): _____ Approved by: _____ Date: _____

Payroll Office Use Only:

Annual Parking Decal Amt: _____; Semi-monthly Payroll Deduction: _____

Processed by: _____ Date: _____

Audited by: _____ Date: _____