



The California State University  
**PRE-TAX PARKING DEDUCTION ELECTION AUTHORIZATION**

Please type or use ball point pen, print clearly. Send completed form to campus Human Resources Office.

Employee Name: (first) \_\_\_\_\_ (initial) \_\_\_\_\_ (last) \_\_\_\_\_

Please check the appropriate box.

I **decline to participate** in the CSU Pre-Tax Parking Deduction Plan and wish to pay for parking expenses with after-tax earnings through payroll deduction.

I **request to participate** in the CSU Pre-Tax Parking Deduction Plan and pay for parking expenses with pre-tax earnings through payroll deduction. *[Not for use during initial automatic enrollment]*

- I understand that enrollment in the Pre-Tax Parking Deduction Plan is automatic for parking paid through payroll deduction. I also understand that participation in the Plan is optional and I may choose to start/stop participation at any time in the future pursuant to eligibility and Plan guidelines.
- I understand that I must complete and return this form to the campus Human Resources Office by the 5<sup>th</sup> day of the month in order for the change in participation to be effective the 1<sup>st</sup> day of the following month.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

**- For Office Use Only -**

I have received notification of employee's decision to start \_\_\_\_stop\_\_\_\_ (check appropriate selection) participation in the CSU Pre-Tax Parking Deduction Plan.

Benefits Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mail completed form to:

**State Controller's Office  
 Personnel/Payroll Services Division, Collective Bargaining Unit  
 P.O. Box 942850  
 Sacramento, CA 94250-5878**

Distribution: White – State Controller's Office      Yellow – Campus      Pink - Employee