



**Temple University – Of the Commonwealth System of Higher Education  
Before-Tax Employee Parking Transportation Benefit Program**

**Employee Consent to Participate via Payroll Deduction (Parking Benefits)**

I, \_\_\_\_\_, hereby elect to participate in the Temple University Before-Tax Employee Parking and Transportation Program (the “Program”) in order to purchase Monthly or Flex parking at my designated Temple University parking facility. I have received and read the description for the Program.

I understand that this Employee Consent to Participate is not an order for Monthly or Flex Parking and that I must submit an advance order in accordance with the administrative procedures of Temple University, to receive a Monthly pass or credit to my Flex Parking. Consistent with applicable law, I understand that any monthly order I place is irrevocable and that following my termination of participation (including if I leave employment), I will not receive a refund of any amounts that represent unused benefits or credit balance of my Flex Parking. Subject to administrative requirements, if I have already placed a monthly order and now want to terminate that month’s order, I must give notice of such termination within the same window of time available to place an order (first 10 business days of the current month).

I agree and consent to have the full cost of the Monthly parking pass or credits to my Flex Parking, deducted from my paycheck on a before-tax basis up to the monthly pre-tax limit of \$270 in accordance with Section 132 (f) of the Internal Revenue Code (or such limit as it may be adjusted from time to time).

I understand and agree that my election to participate in the Program means that I will be fully obligated for the entire cost of the Monthly Parking pass, or credits to any Flex Parking (as applicable, my “parking benefit”) that I may order each month now and as that cost may from time to time be adjusted. Should I terminate employment with the University (or other participating affiliate) after placing an order for a Monthly Parking benefit, I will be obligated to pay the full cost of that monthly parking benefit to the University, and I consent to the University deducting the cost from my final paycheck. In the event my final paycheck is insufficient to repay any outstanding balance, I acknowledge that such outstanding balance is a debt to the University that may be collected. I consent to the use of electronic mail or other electronic means for all future delivery of notices and elections related to the Program.

This Employee Consent to Participate shall remain in effect until I give timely notice in writing to the University that I wish to terminate my participation in the Program. Notwithstanding the above, my participation in the Program will automatically terminate as of the month following the month in which I terminate employment with the University (or other participating affiliate).

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

START - CHANGE - STOP
_____
DATE: _____

**PAYROLL DEDUCTION AUTHORIZATION FORM**

As a payroll deductions parker, I hereby:

- 1) Authorize the Office of Parking Services to  **START**  **CHANGE**  **STOP** my payroll deductions.
- 2) I understand that my payroll deductions shall be made on a **pre-tax** basis.
- 3) I understand that my payroll deductions for parking will continue as described above for subsequent months unless I change it by filing a new Payroll Deduction Authorization form. I understand that if for any reason my payroll deductions are not processed on time, I am required to pay daily parking fees to use a parking facility.

**4) CHOOSE APPROPRIATE PAY CYCLE AND PARKING PAYROLL DEDUCTION PLAN**

**MONTHLY PAYROLL DEDUCTIONS**

**BI-WEEKLY PAYROLL DEDUCTIONS**

PKR Ambler Monthly (\$60.00 over 2 pays)

PKR Ambler Biweekly (\$30.00 over 4 pays)

\_\_\_\_\_

<b>PRINT NAME</b>	<b>SIGN</b>	<b>DATE</b>
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FOR OFFICE USE

TUID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ISSUE LEVEL: \_\_\_\_\_

<input type="checkbox"/>	MONTHLY DEDUCTION
<input type="checkbox"/>	MONTHLY REFUND
<input type="checkbox"/>	BI-WEEKLY DEDUCTION
<input type="checkbox"/>	BI-WEEKLY REFUND

CHANGE PAYROLL FROM:
TO:

PAY PERIOD ENDING : \_\_\_\_\_

NOTES : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cashiers Initials: \_\_\_\_\_ Date: \_\_\_\_\_

T2 Flex Verification Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisors Verification Initials: \_\_\_\_\_ Date: \_\_\_\_\_