

Clemson University Employee Pre-tax Parking Benefit Election/Change Form

Employee Name: _____
Last
First
Middle Initial

Employee ID Number: _____

Department Number: _____ Department Name: _____

Check permit choice(s) below:

Employee Annual Gross Salary Range	Annual Permit Rate ¹	Payroll Deduction Schedule and Amounts ¹	
		9 Months	12 Months
<input type="checkbox"/> Up to \$30,000	\$24.00	\$1.50 (9PTP01)	\$1.00 (PTP001)
<input type="checkbox"/> \$30,000.01 - \$50,000	\$75.00	\$4.69 (9PTP02)	\$3.13 (PTP002)
<input type="checkbox"/> \$50,000.01 - \$70,000	\$117.00	\$7.32 (9PTP03)	\$4.88 (PTP003)
<input type="checkbox"/> Over \$70,000	\$150.00	\$9.38 (9PTP04)	\$6.25 (PTP004)
<input type="checkbox"/> Park-N-Ride Lots Only	\$24.00	\$1.50 (9PTP05)	\$1.00 (PTP005)
<input type="checkbox"/> Off Campus Office (5+ miles away from campus)	\$24.00	\$1.50 (9PTP05)	\$1.00 (PTP005)
<input type="checkbox"/> Motorcycle	\$24.00	\$1.50 (9PTP06)	\$1.00 (PTP006)

(1) The pre-tax payroll deduction amount is subject to increase or decrease with changes in the annual gross salary amount and/or the parking permit rate schedule.

Indicate your selection(s) below with check marks:

I accept the parking benefit on a pre-tax basis offered via payroll deduction.

The amount of the pre-tax deduction is subject to increase or decrease with changes in the annual gross salary amount and/or the parking fee schedule. I agree to return my parking permit should I terminate employment or change status so that payroll deduction is no longer possible and understand that failure to return the parking permit will result in the revocation of all campus parking privileges associated with the parking permit.

Note: Student employees and intermittent employees are not eligible for this benefit. The final determination for benefit eligibility will be made by Clemson University Human Resources Payroll Department.

I am a: 9 month employee
 12 month employee

Return this completed form to Parking Services, G-01 Edgar Brown Union, Clemson, SC 29634-4014

I wish to change my parking permit type.

I wish to terminate my pre-tax parking benefit.

Return this completed form, with your current parking permit attached, to Parking Services. This form must be processed and approved by Parking Services before Human Resources will process any changes to this benefit.

I have indicated my choice to accept, modify or terminate the pre-tax parking benefit. This choice will remain in effect until I authorize a change by properly completing another Election Form.

Employee's Signature: _____ Date: _____

Payroll Use Only		
Pay Group _____	Hire Date _____	Approval Date _____
Approved By _____		