

WSU Health Sciences Spokane Parking Services

412 E Spokane Falls Blvd
314 South Campus Facility (west side) behind the Bookie
Phone: (509) 368-6997 Fax: (509) 368-6990
Email: spokane.parking@wsu.edu
Website: spokane.wsu.edu/parking



EWU PAYROLL DEDUCTION AUTHORIZATION FOR ANNUAL PARKING PERMIT - Riverpoint

Eligibility

EWU Faculty, Classified and Administrative/Exempt personnel that are employed at 0.50 FTE or greater may choose to pay for annual parking permits through payroll deductions. Temporary employees are not eligible. *To be eligible, an employee must complete and submit this form to WSU Parking Services by close of business the 1st Monday in August.*

For more information & frequently asked questions, visit the [Parking Services website](#).

Instructions

If you are eligible and wish to participate, please complete this payroll deduction form when you purchase your parking permit. Parking Services will assist in the completion and submission of this form.

Once your application for annual parking permit has been approved, payments will automatically be deducted, starting September 10th for semester faculty, classified and exempt employees and October 10th for quarter faculty. Equal deductions of 1/8 of the cost of your parking permit will be taken from eight consecutive paychecks.

Refunds

If you wish to stop your parking payroll deduction, complete this form, checking the cancellation check box, and deliver it to the WSU Parking Office. Parking will contact Payroll who will stop your payroll deduction on the first available payroll upon receipt. Contact WSU Parking Services for questions regarding parking permit refunds.

For Office Use Only

Permit Number: _____

Employee qualifies for 20yr Discount

Permit Cost: _____ Per Pay Period (1/8th): _____

Parking Services Signoff: _____

Code: 944 Banner Effective Date: _____

Appointment Type:

Faculty - QTR

Classified

Faculty - Sem

Admin/Exempt

I will be employed at .50 FTE or greater the coming academic year.

Indicated Permit Type:

(Check One)

Orange

Green

CTR

Activate Payroll Deductions

Cancel Payroll Deductions

Please Print:

EWU ID Number: _____

Department: _____

Name: _____

Daytime Phone: _____ - _____ - _____

Important: I understand that payroll deductions must be completely paid by the end of the deduction period (Jan 31). If for any reason, during the deduction period, I do not earn pay, or I sever university employment, I must contact the Parking Office and make other arrangements for payment. I will check my earning statements to make sure deductions are occurring. If I have questions I will call payroll at (509) 359-2325 or Parking Services (509) 368-6997. I certify to the accuracy of the information provided on this document.

I hereby authorize the Payroll Office to deduct from my pay checks the amount indicated on this form.

Signature: _____

Date: _____