

PERMIT# _____

Del Mar College Parking Deduction

Print Employee Name_____
CWID_____
Department_____
Phone Ext.

I understand paying for parking allows me to utilize one space at a time per day. I also understand that on occasion parking may not be available due to special college events. I understand that I must notify the safety office if I wish to make any changes regarding my reserve parking at least **15 days** in advance. I hereby authorize the payroll department to deduct from my pay check to pay for reserved parking (\$99.99 + \$8.25 sales tax for a total of 108.24 annually):

_____ Monthly (\$9.02)

_____ Semi Monthly (\$4.51) *(Option available only to non-exempt and part time employees)*_____
Employee Signature_____
Date

License Plate Number(s)

1. _____

2. _____

3. _____