



Parking Deduct Change Form

(For employees with current deducts ONLY)

Name: _____
(Please print or type)

Employee ID#: _____ Phone Number: _____

Department: _____

Annual Deduct Amount Change From: _____ To: _____

Deduct Interval Change
 From: Bi-weekly Bi-monthly Monthly
 To: Bi-weekly Bi-monthly Monthly

Employee Signature _____ Date _____

Agreement to Comply with Rules and Regulations of LSUHSC Campus Parking

As a condition of receiving parking privileges from the LSU Health Sciences Center, I agree it is my responsibility to understand and comply with all rules and requirements contained in the parking regulations, a copy of which I acknowledge receipt of with my vehicle registration forms. Further, I understand that non-compliance can result in my receipt of a notice of violation citation with a monetary penalty assessed in accordance with the schedule of violation fees which is part of the parking regulations.

I further acknowledge, agree, and authorize the LSU Health Sciences Center - New Orleans to deduct delinquent violation assessments not under review by the Parking Committee from my next payment from the LSU Health Sciences Center from any source (if applicable). My signature above to this document indicates I have read, understand, and will comply with the requirements of the parking regulations.

RETURN FORM TO PARKING SERVICES (RCB, 433 Bolivar Street, Room 158)
Email to park@lsuhsc.edu or fax to 504-568-2116

PARKING OFFICE USE ONLY

Effective Date _____ Parking Office Signature _____

Pre-tax deduction code: Downtown GEN023 _____ Dental GEN022 _____
