



TRANSPORTATION EXPENSE PROGRAM ENROLLMENT/CHANGE STATUS FORM PARKING SERVICES

PLEASE PRINT CLEARLY

| | | | | |
|--|--|--------------------------------|-----------------------------|----------------|
| SELECT ONE <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP CONTRIBUTION | | | ENTER EFFECTIVE DATE | |
| Last Name <i>(Legal Name)</i> | | First Name <i>(Legal Name)</i> | | Middle Initial |
| Mailing Address (Street/PO Box) | | (City) | (Zip) | |
| Department and Division | | Mail Stop # | Contact Number(s) | |
| EMPLID # | | Email Address | | |

PARKING WITH A MONTHLY COUNTY PARKING PERMIT/MONTHLY PRE-TAX CONTRIBUTION

(Up to a maximum of \$280 per month per IRS Publication 15B)

PLEASE CHECK BELOW WHICH COUNTY PARKING FACILITY AND VEHICLE TYPE YOUR MONTHLY PASS IS FOR:

- a. **12TH ST. PARKING STRUCTURE @** \$35 cars \$7 motorcycles month **(CPRKNG)** Pass Number: _____
- b. **CAC PARKING STRUCTURE @** \$35 cars \$7 motorcycles month **(NPRKNG)** Pass Number: _____
- c. **CITY GARAGE @** \$35 cars month **(OPRKNG)** Pass Number: _____
- d. **DISTRICT ATTORNEY (DA) GARAGE @** \$35 cars month **(LPRKNG)** Pass Number: _____
- e. **RIVERSIDE CENTRE PARKING @** \$35 cars \$7 motorcycles month **(TPRKNG)** Pass Number: _____
- f. **PUBLIC DEFENDER PARKING @** \$35 cars \$7 motorcycles month **(RPDLOT)** Pass Number: _____
- g. **INDIO: PARKING STRUCTURE @** \$35 cars \$7 motorcycles month **(IPRKNG)** Pass Number: _____
- h. **INDIO: LAW BLDG PARKING LOT @** \$35 cars \$7 motorcycles month **(LAWLOT)** Pass Number: _____

COMMENTS:

I have read and understand the terms and conditions of enrolling in the Transportation Expense Program. I understand the option selected above will stay in effect until I make a change or discontinue my participation in the program. I also understand that Commuter Services and/or Facilities Management reserve the right to cancel my participation in the program, if the required payment cannot be deducted from my biweekly pay warrant and no other payment arrangements were made. I authorize the County of Riverside to collect the required payment on a pre-tax basis for the amount indicated above. If my earnings during any pay period are not enough to cover my deduction, I understand that it is my responsibility to pay my monthly or partial month fee directly to Facilities Management in order to keep my structure pass active. Failure to do so may result in cancellation of my participation in the Transportation Expense Program.

I understand that in the event a deduction is not collected for ANY reason (LOA, etc), it will automatically be added to the next scheduled deduction. Any subsequent missing deduction(s) will result in automatic termination of my participation and my access to the parking structure will be inactivated until I return to the Parking Office to settle any outstanding payments to restart my participation.

I understand that my first deduction for the Transportation Expense Program will be a full month's deduction, which covers the first two weeks and the last two weeks of participation. ***If I decide to discontinue my participation in the program, I will complete and submit a stop contribution request via a Transportation Expense form and give the County two weeks' notice, and my qualified expense will not be deducted for the last two weeks since I paid for this expense in advance. I further understand that NO REFUNDS WILL BE GIVEN FOR ANY MONTHLY PASS(ES) ISSUED.***

Employee's Signature

Date

PLEASE SUBMIT ENROLLMENT FORM TO PARKING OFFICE FOR PROCESSING: FM-PARKING@RIVCO.ORG OR FAX 951/955-5531

COUNTY OF RIVERSIDE ADMINISTRATIVE USE ONLY

Effective Pay Period: _____ Effective Date: _____

Date Processed: _____ Signature/Title: _____