

**COUNTY
OF RIVERSIDE**

**Transportation Expense Program
Enrollment/Change Form**

Please print clearly

Check One <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Stop Contribution			Enter Effective Date
Last Name	First Name	Middle Initial	
Mailing Address (Street/PO Box)		(City)	(Zip)
Department/Agency	Division	Mail Stop #	
EMPLID # _____		Work Phone	

Parking With a Monthly County Parking Permit <i>(Up to a maximum of \$250 per month per IRS Publication 15B)</i>	Monthly Pre-Tax Contribution
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Please check below which County parking facility and vehicle type your monthly pass is for:

- | | |
|--|--------------------|
| a. <input type="checkbox"/> 12 th St. Parking Structure @ <input type="checkbox"/> \$35cars/ <input type="checkbox"/> \$7motorcycles/month (CPRKNG) | Pass number: _____ |
| b. <input type="checkbox"/> CAC Parking Structure @ <input type="checkbox"/> \$35cars/ <input type="checkbox"/> \$7motorcycles/month (NPRKNG) | Pass number: _____ |
| c. <input type="checkbox"/> City Garage - 3901 Orange at \$35 month (OPRKNG) | Pass number: _____ |
| d. <input type="checkbox"/> Law Bldg - 3960 Orange at \$35/month (LPRKNG) | Pass number: _____ |
| e. <input type="checkbox"/> Riverside Centre Parking @ <input type="checkbox"/> \$35cars/ <input type="checkbox"/> \$7motorcycles/month (TPRKNG) | Pass number: _____ |
| f. <input type="checkbox"/> Public Defender Parking @ <input type="checkbox"/> \$35cars/ <input type="checkbox"/> \$7motorcycles/month (RPDLOT) | Pass number: _____ |
| g. <input type="checkbox"/> Indio: Parking Structure at @ <input type="checkbox"/> \$35cars/ <input type="checkbox"/> \$7motorcycles/month (IPRKNG) | Pass number: _____ |
| h. <input type="checkbox"/> Indio: Law Bldg Parking Lot @ <input type="checkbox"/> \$35cars/ <input type="checkbox"/> \$7motorcycles/month (LAWLOT) | Pass number: _____ |

I have read the information about the Transportation Expense Program and am enrolling in the 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 if the deduction is not taken out of my earnings and no other arrangements were made. I authorize the County to reduce my earnings on a pre-tax basis for the amount indicated above. If my earnings during any pay period are not enough to cover my deductions and I'm enrolled in Option 1 (a Monthly County Parking Permit), I understand 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. **I am aware that my first deduction in the Transportation Expense Program will be a double deduction, which covers the first two weeks and last two weeks of participation.**

I also understand that in the event I miss a deduction 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 deduction issues and restart my participation.

When I decide to discontinue my participation in the program, I will provide the County with a two-week notice, and my qualified transportation expense will not be deducted for the last two weeks since I paid for this expense in advance.

Employee's Signature

Date

Send to the Parking Office for processing, Mail Stop #1535 or FAX 951-955-5531

CONFIRMATION – FOR ADMINISTRATIVE USE ONLY

Effective Pay Period: _____ Effective Date: _____

Date Processed: _____ Authorizing Signature: _____