

**PARKING CONVERSION OR REIMBURSEMENT PLAN
ENROLLMENT FORM**

EMPLOYEE INFORMATION PLEASE PRINT

NAME:	LAST	FIRST	SSN#	
ADDRESS:	STREET	CITY	STATE	ZIPCODE
DATE OF HIRE:	EFFECTIVE DATE:			

COURTHOUSE
Monthly Parking Fee \$ _____

MDR (DIVERSIFIED PARKING LOT)
Monthly Parking Fee \$ _____

REIMBURSEMENT PLAN
Amount to be deducted per pay period \$ _____

EMPLOYEE ELECTION

I hereby elect () decline () to participate in Parking Plan agreeing to be bound by all the terms, conditions and limitations of the Plan and any and all separate plans, contracts and documents made a part thereof. I agree to have my gross salary reduced by the amount of the cost of my parking expenses. I understand that this amount will not be subject to Social Security or Federal Income tax withholding, which may result in a reduction of future Social Security benefits to which I may be entitled.

Signature

Date