



Payroll Deduction Authorization

Employee name _____ TSC ID No. _____

Home Address, City, Zip _____

Home Phone _____ Office Phone _____

Position Title _____ Department _____

TSC Email _____ Extension _____

Please make the following Deduction to my payroll.

- Yearly TSC Parking Permit \$ _____ / Month or \$ _____ One time
- Adjunct Faculty Parking Permit (\$20 per Fall, Spring or Summer) \$ _____
- REK membership fee per month \$ _____
- Other _____ \$ _____ /Month
- Other _____ \$ _____ One time

I Authorize the above one time and monthly Payroll Deductions.

Employee Signature

Date

For Parking Permits

Driver's License # _____

License Plate _____

Vehicle Make _____

Vehicle Model _____