



# Authorization of Payroll Deduction Parking Fees

FSA Form (Pre-tax)

Employee Name: \_\_\_\_\_

Employee ID# or Social: \_\_\_\_\_

(If using SSN, please only give last 4 numbers for security purposes)

I hereby authorize the payroll department to deduct the following amount from my check each month from my salary to pay for parking:

- \$15.00 – Economy
- \$40.00 – Standard
- \$50.00 – Premium
- Motorcycle \$\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Lot Name:
- Admin Building
  - Bullard
  - Courthouse
  - Public Works
  - Taylor
  - Upper Cline

Space No.: \_\_\_\_\_ Approval: \_\_\_\_\_

**Please initial after reading Section IV-Liability of the Kitsap County Policy \_\_\_\_ (initial)**

Use of County parking facilities is at the owner's risk, and the County shall not be liable or responsible for loss or damage to any vehicle parked on the Campus, or its contents for loss or damage to any vehicle parked on the Campus, or its contents.



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