



# State of Oregon

## Pre-Tax Parking Plan

### Waiver Form

#### SECTION A (PLEASE PRINT)

1. EMPLOYEE NAME	2. AGENCY
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#### SECTION B

I elect to waive the opportunity to participate in the Pre-Tax Parking Plan. I understand that by not participating in the Plan, any cost I am required to pay for my parking through payroll deductions will be made after all applicable federal and state taxes have been withheld.

1. EMPLOYEE SIGNATURE	2. DATE
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#### Instructions:

1. Complete Sections A and B.
2. **Return to your agency payroll office for processing.** Waivers must be received no later than the 15<sup>th</sup> of the month to make a change for that month.

For Office Use Only: Processed by: \_\_\_\_\_

Date: \_\_\_\_\_