



WAYNE STATE UNIVERSITY

Parking and Transportation Services

Pre-Tax Parking Deduction Waiver Form

Request for Waiver of Pre-Tax Payroll Parking Deductions

I _____, _____
Name (please print clearly) **(WSU ID# and SSN#)**

Waive my right to participate in Wayne State University's Pre-Tax Parking Benefit and wish to have my parking deductions paid on a taxable basis. I understand that if I change my decision, I must submit a letter in writing to the OneCard/Parking Service Center at 42 W. Warren Ave., Welcome Center, Room 257, Detroit MI 48201 for reinstatement of this benefit. I also understand that I may only change this deduction one (1) time during a calendar year.

(Signature)

(Date)

Verified By (Staff Signature)