

**Superior Court of California,  
County of Riverside**

**Parking Expense Program  
Enrollment/Change Form**

**Please print clearly**

Check One <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Stop Contribution		Effective Date (Pay Day)
Last Name	First Name	Middle Initial
Mailing Address (Street/PO Box)	City	Zip Code
Work Location		Mail Stop #
Employee ID #		Work Phone

PARKING EXPENSE PROGRAM	Monthly Pre-Tax Contribution
<input type="checkbox"/> Parking in a County Owned Structure / Lot with Parking Pass	\$65.00/month
<input type="checkbox"/> Motorcycle Parking	\$7.00/month
<i>Please check which County parking structure your monthly pass is for:</i>	
a. <input type="checkbox"/> 12 <sup>th</sup> Street Parking Structure	Pass number _____
b. <input type="checkbox"/> CAC Parking Structure	Pass number _____
c. <input type="checkbox"/> Riverside Centre Parking (3403 10 <sup>th</sup> St.)	Pass number _____
d. <input type="checkbox"/> City Garage/ Orange Square	Pass number _____
e. <input type="checkbox"/> Indio Parking Structure	Pass number _____

*I have read the information about the Parking Expense Program and am enrolling in the program. I authorize the Court to reduce my earnings on a pre-tax basis for the amount indicated above. If my earnings during any pay period are not enough to cover my deductions and I'm enrolled in a County Owned Parking Structure with a Monthly Parking Pass, I understand it is my responsibility to pay my monthly or partial month fee directly to Facilities Management in order to keep my structure pass active. I understand the selection made above will stay in effect until I make a change or discontinue my participation in the program.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Facilities Management: Send to Human Resources for processing  
Mail Stop: #1414 or Fax: (951) 777-3069 or Email: HR@riverside.courts.ca.gov**