



TRANSPORTATION EXPENSE (TE) PROGRAM ENROLLMENT/STATUS CHANGE FORM PARKING SERVICES

SUBMIT THE ENROLLMENT FORM TO THE PARKING SERVICES OFFICE FOR PROCESSING: FM-PARKING@RIVCO.ORG

PLEASE PRINT CLEARLY

SELECT ONE <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP CONTRIBUTION			EFFECTIVE MONTH/DATE		
Last Name <i>(Legal Name)</i>		First Name <i>(Legal Name)</i>		Middle Initial	
Mailing Address (Street/P.O. Box)		(City)		(Zip)	
Department and Division		Mail Stop #	Contact Number(s)		
CEID #		Email Address			

PARKING WITH A MONTHLY COUNTY PARKING PASS AND PRE-TAX PAYROLL CONTRIBUTION

(Up to a maximum of \$325 per month per IRS Publication 15B)

SELECT THE COUNTY PARKING FACILITY AND VEHICLE TYPE FOR YOUR MONTHLY PASS:

- | | |
|---|--------------------|
| a. <input type="checkbox"/> 12 TH ST. PARKING STRUCTURE (CPRKNG) <input type="checkbox"/> \$35 Cars <input type="checkbox"/> \$7 Motorcycles | Pass Number: _____ |
| b. <input type="checkbox"/> CAC PARKING STRUCTURE (NPRKNG) <input type="checkbox"/> \$35 Cars <input type="checkbox"/> \$7 Motorcycles | Pass Number: _____ |
| c. <input type="checkbox"/> CITY GARAGE (OPRKNG) <input type="checkbox"/> \$35 Cars <i>(NO MOTORCYCLE PARKING)</i> | Pass Number: _____ |
| d. <input type="checkbox"/> DISTRICT ATTORNEY GARAGE (LPRKNG) <input type="checkbox"/> \$35 Cars <i>(NO MOTORCYCLE PARKING)</i> | Pass Number: _____ |
| e. <input type="checkbox"/> RIVERSIDE CENTRE PARKING (TPRKNG) <input type="checkbox"/> \$35 Cars <input type="checkbox"/> \$7 Motorcycles | Pass Number: _____ |
| f. <input type="checkbox"/> PUBLIC DEFENDER PARKING (RPDLOT) <input type="checkbox"/> \$35 Cars <i>(NO MOTORCYCLE PARKING)</i> | Pass Number: _____ |
| g. <input type="checkbox"/> INDIO: PARKING STRUCTURE (IPRKNG) <input type="checkbox"/> \$35 Cars <input type="checkbox"/> \$7 Motorcycles | Pass Number: _____ |
| h. <input type="checkbox"/> INDIO: LAW BLDG PARKING LOT (LAWLOT) <input type="checkbox"/> \$35 Cars <input type="checkbox"/> \$7 Motorcycles | Pass Number: _____ |

COMMENTS/NOTES:

I acknowledge that my initial payroll deduction in the Transportation Expense (TE) Program will represent a full month's deduction, covering both the first two weeks and the last two weeks of my TE Program participation. I understand that my enrollment in the TE Program will remain active until I formally submit the required TE Program Enrollment/Status Change form to Facilities Management. I acknowledge that no refunds or credits will be issued for any monthly pass that have been issued and/or utilized. Should I choose to discontinue my participation, I will provide Facilities Management with a two weeks' notice. My qualified expense will not be deducted for the final two weeks, as I have already paid for this expense in advance.

I understand that it is my responsibility to ensure successful payroll deductions while enrolled in the TE Program. In the event of an unsuccessful deduction(s), it is my responsibility to coordinate payment arrangements directly with Facilities Management. Any unresolved payments will result in the termination of my participation in the TE Program, along with the deactivation of my access to the designated parking structure or lot until the outstanding balance is resolved.

I understand and agree that Facilities Management and/or the Human Resources – Commuter Services Division reserves the right to cancel my participation in the TE Program if I fail to meet the outlined requirements.

By signing and submitting the Transportation Expense (TE) Program form, I authorize **Riverside County** to collect the required payments on a pre-tax basis for the amount I have designated. I confirm that I have reviewed, understood, and agreed to the terms and conditions of the TE Program participation.

Employee's Signature _____
Date

FOR RIVERSIDE COUNTY ADMINISTRATIVE USE ONLY

FM/PARKING SERVICES SUBMISSION DATE: _____ SIGNATURE/TITLE: _____

DATE HR – CSD PROCESSED: _____ SIGNATURE/TITLE: _____

EFFECTIVE PAY PERIOD: _____ EFFECTIVE PAY DATE: _____