

**EMPLOYEE INFORMATION**

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

Decal # Issued: \_\_\_\_\_

Employee I.D.: \_\_\_\_\_

Deduction to begin with payroll period ending: \_\_\_\_\_

By signing, you authorize the CSUDH Foundation to deduct \$23.00 per month for a CSUDH parking decal. This deduction will continue until either the termination date of your employment or the written revocation by management of the parking decal.

Please note that the parking decal must be turned in upon your termination of employment or its written revocation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*IMPORTANT: After writing the decal number where indicated above, the employee **MUST RETURN THIS FORM** to the Foundation Payroll Human Resources Administrator

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**HUMAN RESOURCES AUTHORIZATION**

\_\_\_\_\_  
Director of Human Resources and Payroll

\_\_\_\_\_  
Date