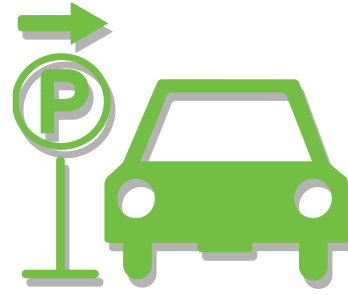


**LSU Health Sciences Center  
Parking Payroll Deduction Form  
GATE CARD FEE**



Complete and sign with ink.

Submit to Parking Services

[park@lsuhsc.edu](mailto:park@lsuhsc.edu) / 504-568-4884

Fax: 504-568-2116

Name: \_\_\_\_\_  
(Please type or print)

Employee ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payroll Type:  Staff  Faculty  House Officer

I hereby authorize LSU Health Sciences Center to deduct from my payroll check the gate card fee as a one-time deduction, in the amount of \$ 25.00.

**Please Check One:**

- Downtown Campus LSUHSC NO Parking Card (Deduct Code – GEN031)  
 Dental School Campus Parking Card (Deduct Code – GEN032)

*Note: Payment of parking fees by Payroll Reduction is available only to University employees paid on a regular basis by LSUHSC-NO Payroll Department. This excludes student workers, Healthcare Network employees, IHL employees, and contract employees.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parking Office Approval

**Agreement to Comply with Rules and Regulations of LSUHSC Campus Parking**  
**As a Condition of receiving parking privileges from the LSU Health Sciences Center, I agree it is my responsibility to understand and comply with all rules and requirements contained in the parking regulations, a copy of which I acknowledge receipt of with my vehicle registration forms. Further, I understand that noncompliance can result in my receipt of a notice of violation citation with a monetary penalty assessed in accordance with the schedule of violation fees which is part of the parking regulations.**  
**I further acknowledge, agree, and authorize the LSU Health Sciences Center-New Orleans to deduct delinquent violation assessments not under review by the Parking Committee from my next payment from the LSU Health Sciences Center from any source (if applicable). My signature above to this document indicates I have read, understand, and will comply with the requirements of the parking regulations.**