PARKING & SHUTTLE CANCELLATION / CHANGE FORM

Please use this form to cancel or change a Parking & Shuttle Program deduction from your paycheck. Simply complete this form and return it to your department payroll clerk. They will forward your request to Ramsey County Budget and Accounting, 270 Courthouse, 15 W. Kellogg Blvd., Saint Paul, MN 55102. The cancellation form must be received at least 35 days prior to the cancellation month.

CANCELLATION / CHANGE

Please cancel my participation in all or part of the Parking & Shuttle Program. I understand my participation in the Parking & Shuttle Program will continue unless this form is received in the Budgeting & Accounting Office at least 35 days prior to the cancellation month.

NAME: _____ **Employee ID #:** _____
(Please Print)

SIGNATURE: _____ **DATE:** _____

DEPT. NAME: _____ **WORK PHONE #:** _____
(Location/Department)

Please cancel the programs checked:

☐ Parking Program

☐ Shuttle Pass

Parking & Shuttle Program Cancellation Form must be received by payroll 35 days prior to the month of cancellation.

Date Received: _____

7/05