Qualified Parking Benefit

Salary Reduction Agreement

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

Employee Election:

* I hereby authorize [employer name] to reduce my compensation by $[amount of parking benefit] per month.
* I hereby revoke my previous election and no longer wish to have my compensation reduced.

Effective Date:

This election (or revocation) shall be effective as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month), 2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date