SMITHSONIAN ASTROPHYSICAL OBSERVATORY

Employee Request for payment of Parking fees through Payroll deduction

Employee information

Name

Address

City   State   Zip Code

Employee #

Not Reqd.

Authorization

By signing this form you authorize The Smithsonian Astrophysical Observatory to deduct your parking dues via a payroll deduction each pay period (PP) in the amount below.

Parking deduction (biweekly)

Location   Daily Rate   Days per PP   Pay period Cost

Days entered per pay period for parking should match the work schedule submitted to HR and will be verified by the payroll office. Please e-mail SAOParking@cfa.harvard.edu if you have any questions.

Signature & Date

I have read the current parking policy available at https://lweb.cfa.harvard.edu/fm/facilities/facilities.html

Signature   Date

HR Approval (required for any deviation from 3 days a week onsite)

Signature   Date

For FMD Use

Parking Activated ☐   Effective Pay period : _____

Start Date : _____/_____/_____   Processed date : _____/_____/_____