THE UNIVERSITY OF WESTERN AUSTRALIA

HUMAN RESOURCES
PARKING PERMIT
PAYROLL AUTHORITY

To: UniPark, M411

I, the undersigned, hereby authorise the University to make automatic deductions from my salary of the appropriate fee for a University parking permit. I note this authority will be adjusted automatically to allow for any parking fee increases. I understand and accept the conditions detailed below.

Conditions applicable to this authority

1. The employee submitting this authority is responsible for obtaining a current parking permit (sticker) at the beginning of each year.
2. The fee for a University parking permit (sticker) will continue to be an annual fee, but for the purpose of this authority, will be collected in fortnightly installments **commencing from the next available pay.**
3. If the employee ceases employment with the University this payroll authority will automatically cease.
4. This authority will remain in effect and deductions will continue until such time as the employee ceases to acquire a parking permit (sticker) at the beginning of a year *or* returns any current parking permit (sticker). In either instance, the employee must complete a Parking/Car Pooling Permit Cancellation of Payroll Authority form and return it to Human Resources.
5. Employees who resign must return the parking permit (sticker) to the UniPark office.
6. This authority may not be terminated for periods of absence of less than 4 months.
7. This authority is available to fixed-term or ongoing University staff. An annual parking permit is not available to casual staff, who must use Pay Parking Areas.
8. Employees will have the parking deduction adjusted in line with the fee applicable to their FTE.

EMPLOYEE TO COMPLETE

Employee number | | | | | | | | | Family name

First names

School Ext

Employment fraction, eg, 100%, 80%, 50%

Would you like to salary package your parking fees? Yes ☐ No ☐
(If yes, a contract will automatically be sent to you.)

Employee signature Date *(dd/mm/yy)*

UNIPARK USE ONLY

Authorised Officer *(print name)*

Authorised Officer Signature

Date *(dd/mm/yy)* | | | | | | |

PLEASE RETURN FORM TO UNIPARK