

**COMPENSATION REDUCTION AGREEMENT ADDENDUM
FOR COMMUTER CHOICE PROGRAM**

PLEASE TYPE OR PRINT LEGIBLY (Illegible forms will be returned.)

(To Be Completed by the Employee)

Employee #: _____ Employee Name: _____ Agency: _____

CHOOSE ONE:

Payroll Deduction: Cancellation Temporary Suspension Reactivate

This addendum should only be used for each request listed above, and must be completed when a parking patron wishes to suspend payroll deductions due to medical leave or temporary job reassignment to an off-site location, or to reactivate a temporarily suspended payroll deduction.

I hereby certify that I understand my payroll deduction will only be stopped or reactivated by my written authorization. My failure to provide this authorization in a timely manner will result in delays in payroll deduction stoppage and reactivation. Franklin County Public Facilities Management will need to receive this addendum by the close of business (5:00 pm) on the Friday prior to the first pay of the month to make timely payroll deduction changes.

It is my responsibility to review my paycheck stub the first pay of every month to ensure that my payroll deduction has been stopped or reactivated.

This addendum will remain in effect until I provide written notice of such change. I understand that no refunds will be made.

Signature: _____ Date: _____

(To Be Completed by Franklin County Public Facilities Management for Parking Passes Only)

Monthly Pass Verified by: _____ Date: _____