



**UNIVERSITY OF CALIFORNIA  
PRETAX TRANSPORTATION DEDUCTIONS  
ENROLLMENT OR CANCELLATION**

UPAY 884 (8/98)

This form is to be used only for opting out of or re-enrolling in pretax parking, vanpool, or transit pass deductions. You must be enrolled in a University parking, vanpool, or transit pass program as approved by your Parking Office. Any questions about transportation rates, impact on benefits, or processing deadlines, should be directed to your local Parking Office, Benefits Office, or Departmental Assistant as appropriate.

<b>1. PERSONAL INFORMATION</b>		<b>PLEASE TYPE OR PRINT CLEARLY.</b>	
Name (Last, First, Middle Initial)	Select Bus Service: Clean Air Express Coastal Express	Employee ID Number	
		Campus Telephone (     )	
I want the action requested on this form to be effective with my paycheck dated _____, subject to local Accounting Office deadlines. <span style="float:right">Pay Period (MM/DD/YY)</span>			

<b>2. ENROLLMENT</b>		<b>(CHECK APPROPRIATE BOX)</b>	
I wish to have my transportation deduction taken on a pretax basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<b>TRANSIT PASS</b>

<b>3. SIGNATURE I will give at least 30 days notice for any change or cancellation</b>			
Signature	Date	Accounting / Parking Office Approval	Date

**FILL OUT ALL PERTINENT INFORMATION AND SEND THIS FORM TO YOUR PAYROLL OR PARKING OFFICE**

**PRIVACY NOTIFICATIONS**

**STATE**  
The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory - failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are Office of the President and campus Academic and Staff Personnel Managers or campus Accounting Officers.

**FEDERAL**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, and (4) earnings and contributions to participating retirement systems.

**PRINT**

**SUBMIT**

<b>FOR ACCOUNTING / PARKING USE ONLY:</b>							
Tran Code (1-2) <b>X1</b>	Entry Date (13-18)	Element No. (19-23)	Amount (24-30)	Tran Code (1-2) <b>X1</b>	Entry Date (13-18)	Element No. (19-23)	Amount (24-30)