

PRE-TAX PARKING ADJUSTMENT NOTICE

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(FILL-IN FORM (USE TAB TO MOVE BEWTEEN FIELDS), OR PRINT TYPE OR HAND WRITTEN FORM)

| EMPLOYEE IDENTIFICATION | | |
|-------------------------|----------|-----------|
| Social Security Number | Initials | Last Name |
| | | |

| REFUND INFORMATION | | | | |
|--------------------|-------------------|------------------|------------|------|
| Deduction Code | Organization Code | Deduction Amount | Pay Period | |
| | | | Month | Year |
| 360 | | | / | |
| 360 | | | / | |
| 360 | | | / | |
| 360 | | | / | |
| 360 | | | / | |

| FORM COMPLETION INFORMATION | | |
|-----------------------------|--------------|-------------------------|
| Completed By | Phone Number | Company/Department Name |
| | _____ | |

_____ DATE
_____ SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL

FORM PPSD 360 COMPLETION INSTRUCTIONS

The Form PPSD 360 must be completed (type, hand written (legible) or fill-in (use tab to move between fields) form) as outlined below if parking fees were deducted after the effective date of a cancellation or change.

| PARKING ADJUSTMENT NOTICE | | | |
|---|--|-------------------------|-------------------------------|
| <p>The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.</p> <p>(FILL-IN FORM (USE TAB TO MOVE BETWEEN FIELDS), OR PRINT TYPE OR HAND WRITTEN FORM)</p> | | | |
| EMPLOYEE IDENTIFICATION | | | |
| Social Security Number | Initials | Last Name | |
| A | B | C | |
| | | | |
| REFUND INFORMATION | | | |
| Deduction Code | Organization Code | Deduction Amount | Pay Period Month Year |
| 360 | D | E | F / G |
| 360 | | | / |
| 360 | | | / |
| 360 | | | / |
| 360 | | | / |
| | | | |
| FORM COMPLETION INFORMATION | | | |
| Completed By | Phone Number | Company/Department Name | |
| H | () I | J | |
| | | | |
| K | L | | |
| DATE _____ | SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL _____ | | |

A. Social Security Number

Enter the employee's Social Security Number.

B. Initials

Enter the employee's first and middle initials.

C. Last Name

Enter the employee's full last name.

D. Organization Code

Enter your assigned three (3) digit Organization Code number.

E. Deduction Amount

Enter the total monthly amount that is to be refunded to the employee.

F. Pay Period - Month

Enter the numerical month of the pay period to be refunded (e.g '06' for June).

G. Pay Period - Year

Enter the last two digits of the year (e.g. '00' for 2000).

H. Completed By

Enter the name of the person completing the form.

I. Phone Number

Please enter area code + phone number using numerical characters only, e.g., enter (222) 333-4444 as 2223334444

J. Company/Department Name

Enter the company or department name.

K. Date

Current date will be automatically displayed.

L. Signature of Authorized Company or Department Official

Must be the original signature of the person authorized to sign form PPSD 360.

Mail to: State Controller's Office
 Personnel/Payroll Services Division
 Attn: Miscellaneous Deduction Unit
 P.O. Box 942850
 Sacramento, CA 94250-5878