



**Lakehead University Orillia Campus
Payroll Deduction Authorization for
Parking – 2025-2026**

NAME: _____

EXISTING PERMIT #: _____

EMPLOYEE ID #: _____

DEPARTMENT: _____

Please Note: This payroll deduction program is only available to **full-time faculty** and **staff** who are on the Lakehead University payroll and will **park on campus from September 1, 2025 to August 31, 2026.**

Employees renewing their parking **must sign-up no later than Friday, Aug. 22, 2025,** to be eligible for payroll deduction. Please return this form to the Security office.

This will authorize the Payroll Department of Lakehead University to make deductions for parking from each pay, as set up below.

Should I terminate my employment with Lakehead University or decide not to park on campus, I agree to return my parking permit to Security Services, Lakehead University, Orillia Campus.

Signature: _____ Date: _____

Please print name: _____

For Office Use Only:

Parking Permit:
\$41.00/month
\$20.50/pay

Deductions effective: _____

Entered By: _____ Date: _____