

POLK COUNTY PARKING/MASS TRANSIT FORM

A feature of Polk County's benefit program is to provide a parking or mass transit subsidy to eligible individuals working in a Polk County Office building located in downtown Des Moines, Iowa. Only expenses where an employee pays to park his/her own vehicle or pays for transportation provided by the Des Moines Area Transit Authority (DART) will be reimbursed.

I understand it is my responsibility to notify the parking management company within 30 days of my changing or cancelling my parking. If proper notice is not given, I may be responsible for paying any fees assessed by the management company. Polk County is not responsible for notifying the parking management company on my behalf.

Action Requested: Enrollment Change Cancellation Effective Date _____

Name: _____ <small style="margin-left: 20px;">Last Name, First Name</small>	Employee Number: _____ <small style="margin-left: 20px;">(Can be found on paystub)</small>
Department: _____	Work Number: _____

Type of Expense			
Parking Meters	<input type="checkbox"/>	Complete section A	Private Owned Lot /Garage <input type="checkbox"/> Complete section D
DART Bus Pass	<input type="checkbox"/>	Complete section B	
County Owned Lot	<input type="checkbox"/>	Complete section C	

Section A – Parking Meters -	Do you currently have a SmartCard? <input type="checkbox"/> Yes <input type="checkbox"/> No
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- New employees only** will be reimbursed for one (1) Smartcard to be used for parking meter expenses. If the Smartcard is lost or stolen, Polk County is not responsible for replacement cost or any money remaining on the card.
- Participation in this program requires employees to purchase meter time through designated Kiosk located in downtown Des Moines. It is the employee's responsibility to obtain a receipt when purchasing meter time through the Kiosk.
- Employees will be responsible for remitting these receipts to the Auditor's office before reimbursement will be made to the employee.
- Receipts must be submitted to the Auditor's office within 90 days of when the expense is incurred.

I authorize the Auditor's office to deduct \$ _____ * on the first and second paychecks of each month for parking meter expenses **above** the \$55 subsidy provided by Polk County.
 *Indicate amount net of monthly subsidy (e.g. \$75 - \$55 = \$20 ÷ 2 paychecks = \$10.00)

Section B – DART Bus Pass

- | | |
|--|---|
| <input type="checkbox"/> \$48 Des Moines Area Service Pass | <input type="checkbox"/> \$58 Commuter Express Pass, I authorize the Auditor's office to deduct the amount above \$55 from the first and second paychecks of each month and remit directly to DART. |
|--|---|
- DART bus passes for Des Moines and surrounding areas are purchased through the Department of Human Resources only. If I purchase a bus pass or bus tokens through other outlets, I must submit a receipt of these expenses along with a reimbursement form to payroll. If the bus pass is lost or stolen, Polk County is not responsible for replacement cost.

Section C – County Owned Parking Lot

Location of Parking Lot:
 120 Court Avenue Wagner Lot 100 5th Ave Lot 6th & Cherry

Monthly fee for each lot is \$55.00.

I acknowledge the parking subsidy which is credited on the first and second paychecks of each month will be automatically transferred to General Services to offset my monthly parking fee.

Section D – Private and City Owned Lots and Garages

- Employees who authorize Polk County to pay the management company directly or provide a copy of their lease agreement will not have to produce receipts to the Auditor’s office each month. Reimbursement will automatically be made to either the Management Company or the employee.
- Employees with (a) no access to a lease agreement, or (b) who request the subsidy to be sent to him/her will be required to turn in a receipt from the Management Company each month to receive reimbursement.

Management Company Information:

Name: _____ Location of Lot/Garage: _____
Street Address: _____ Monthly Parking Expense: \$ _____
City, State, Zip Code: _____

- I authorize Polk County to deduct the necessary amount above the subsidy of \$27.50 per pay period to pay my parking expense, and to pay the parking fee directly to the Management Company on my behalf.
- I authorize Polk County to deduct the necessary amount above the subsidy of \$27.50 per pay period to pay my parking expense, and to pay the parking fee directly to me.
- I authorize **no** additional deduction above the subsidy. I understand I must submit receipts of parking expense within 90 days of incurring such expense to be eligible for reimbursement.

Section E - Cancellation

- I wish to cancel my participation in the Parking/Mass Transit Subsidy program effective, _____

I understand it is my responsibility to notify the parking management company within 30 days of my cancellation date. If proper notice is not given, I may be responsible for paying any fees assessed by the management company. Polk County is not responsible for notifying the parking management company.

Section F – Acknowledgments / Signature

- I authorize Polk County to withhold the monthly amount indicated from my paycheck on a pre-tax basis. I understand the amount will be divided equally and deducted from my first and second paycheck of each month. I understand my elections will continue until I submit a request to cancel the deductions.
- It is my responsibility to notify Human Resources (within 31 calendar days) if I am transferred to a building which provides parking or switch shifts and I am no longer paying for parking expenses.
- I understand that I will only be reimbursed for parking expenses incurred within any given month (e.g. 10/1 thru 10/31)
- I understand it is my responsibility to remit reimbursement request along with proper documentation within 90 days of incurring the parking/transportation expense. **Any expenses not requested after 90 days will be forfeited and are not eligible for payment.**
- I acknowledge (a) I incur parking expenses or utilize the DART bus program, (b) work in an office building located in downtown Des Moines, and (c) work in a non-bargaining position or in an AFSCME covered position.
- I, the undersigned, have read the above statements and they are true.

Employee Signature _____

Date _____