

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.

Action Requested: Enrollment Change Cancellation Effective Date _____

Name: _____ <small style="margin-left: 40px;">Last Name, First Name</small>	Employee Number: _____ <small style="margin-left: 40px;">(Can be found on paystub)</small>
Department: _____	Work Number: _____

<i>Type of Expense</i>			
Parking Meters <input type="checkbox"/>	Go to section A	Private Owned Lot /Garage <input type="checkbox"/>	Skip to section D
DART Bus Pass <input type="checkbox"/>	Skip to section B	County Owned Lot <input type="checkbox"/>	Skip to section E
City Owned Parking Garage <input type="checkbox"/>	Skip to section C		

<i>Section A – Parking Meters -</i>	<i>Do you currently have a SmartCard?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> New employees will be issued 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. 		
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)		

<i>Section B – DART Bus Pass</i>
<input type="checkbox"/> \$48 Des Moines Area Service Pass <input type="checkbox"/> \$58 Commuter Express Pass, I authorize the Auditor's office to deduct \$ 1.50 from the first and second paychecks of each month and remit directly to DART.
<ul style="list-style-type: none"> 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.

<i>Section C – City Owned Parking Garage (ABM)</i>
Location of Garage/Lot (example, 3rd and Court) _____
Parking Expense \$ _____ per month – Indicate actual parking fee (e.g. \$100, do not subtract subsidy)
<input type="checkbox"/> I authorize Polk County to deduct \$ _____ * on the first and second paychecks of each month and remit my parking expenses directly to ABM on my behalf.
<input type="checkbox"/> I authorize Polk County to deduct \$ _____ * on the first and second paychecks of each month and remit my Parking expenses directly to me.
<input type="checkbox"/> No, I want no deduction and the subsidy paid directly to me
*Indicate amount net of monthly subsidy (e.g. \$100 - \$55 = \$45 ÷ 2 paychecks = \$22.50). If parking expense is below the subsidy, please indicate zero (0).

Section D – Private Owned Lot/Garage

- 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:

Location of Lot _____

Name: _____

Indicate Parking Expense: \$ _____ per month

Street Address: _____

Telephone: _____

City, State, Zip _____

Email Address: _____

Vehicle Information needed for American Home Sales only:

Year: _____ Make: _____ Model: _____ Color: _____ License Plate #: _____

- I authorize Polk County to deduct \$ _____* on the first and second paychecks of each month and remit my parking expenses directly to the Management Company on my behalf.
- I authorize Polk County to deduct \$ _____* on the first and second paychecks of each month and remit my parking expenses directly to me.
- No, I want no deduction and the subsidy paid directly to me

***Indicate amount net of monthly subsidy (e.g. \$100 - \$55 = \$45 ÷ 2 paychecks = \$22.50). If parking expense is below the subsidy, please indicate zero (0).**

Section E – County Parking Lot

Location of Parking Lot:

- 120 Court Avenue (\$55/mo)
- Wagner Lot (\$50/mo)
- 100 5th Ave Lot (\$55/mo)
- 6th & Cherry (\$55/mo)

- 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 rent.

Section F - Cancellation

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

Section G – 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 a timely manner. Any expenses not requested after the plan year (July 1 – June 30) 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 _____