



Southern Illinois University Carbondale
Department of Public Safety–Parking Division

1175 South Washington Street, MC 6723
Carbondale, IL 62901

Business Hours: Monday-Friday 7:30 a.m. to 4:30 p.m.
Phone: (618) 453-5369

Faculty and Staff Payroll Deduction Authorization Form: PARKING DECAL(s)

Completed form with the Parking Registration must be emailed to: **dps-parking@siu.edu**

For the 2025-2026 (May 1, 2025 – August 31, 2026) academic year, SIU Carbondale Parking Division is pleased to offer to eligible employees* the opportunity to purchase their parking privileges by payroll deduction during the sign-up beginning June 16th through close of business June 27th, 2025. Payroll deductions will be taken beginning in August 2025.

Employees on biweekly payroll will have 8 deductions, semimonthly payroll will have 8 deductions, and monthly payroll will have 4 deductions. *The vehicle registration form is required for each decal you are purchasing.* Payroll deductions may **ONLY** be made for the individual faculty or staff employee of SIU Carbondale.

Deductions may not be made for one's affiliated spouse or dependent(s), as each employee is required to complete his/her own individual form if eligible to participate. Current decals (2024/2025) expire August 31, 2025.

DECALS WILL BE SENT TO YOUR DEPARTMENT PER THE MAIL CODE YOU PROVIDE.

** Undergraduate and graduate students, extra-help employees, RTA's and graduate assistants, adjuncts, and part-time employees with under 50% appointments are not eligible for this payroll deduction.*

Signature: _____ **Date:** _____

Employee Information

Last Name: _____ **First Name:** _____ **MI:** _____

Dawgtag: _____ **Phone:** _____ **Mail Code:** _____

Payroll Type: _____

Select your pay period. Paid Monthly (4 deductions), Paid Semi-monthly (8 deductions), Paid Bi-weekly (8 deductions).

Salary Range: _____ **Decal Level:** _____

Your decal level is determined by your salary range. Please make sure to select the correct range.

Number of additional decals, if needed (\$15.00 each): _____ (_____)

Grand Total (decal amount + additional decal amount): _____

Parking Office Use Only

Total deduction amount (\$ _____) to be split over 4 or 8 periods, as applicable.

Internal Revocation:

Please stop payroll deduction upon receipt of this form.

Parking Office Staff Signature: _____ **Date:** _____