

STATE OF HAWAII
 DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
 AUTOMOTIVE MANAGEMENT DIVISION
 APPLICATION FOR PARKING AND SALARY ASSIGNMENT / CANCELLATION

NAME:	LAST	FIRST	MI	DATE:
SS NO:	/	/		WORK PHONE:
DEPARTMENT/DIVISION:				BUSINESS ADDRESS:
DRIVERS LICENSE #:				EXPIRATION DATE:
EMAIL ADDRESS:				
<u>PRIMARY CAR</u>		<u>SECONDARY CAR</u>		
REGISTERED OWNER:				REGISTERED OWNER:
YEAR/MAKE/MODEL:				YEAR/MAKE/MODEL:
LICENSE NUMBER:				LICENSE NUMBER:
REGISTRATION EXPIRES:				REGISTRATION EXPIRES:
INSURANCE EXPIRES:				INSURANCE EXPIRES:

STALL SHARE- PRIMARY

STALL SHARE- SECONDARY

BIKE LOCKER

OUT OF ANY COMPENSATION

THE UNDERSIGNED HEREBY: **ASSIGNS** FROM THE STATE OF HAWAII **OR** **CANCELS**

TB-760 **ENROLL ME** IN THE FLEX PARK BENEFIT PLAN SO THAT MY PARKING FEES WILL BE DEDUCTED ON A **PRE-TAX** BASIS. I HAVE READ AND UNDERSTAND THE FLEX PARK INFORMATIONAL FLYER (HRD-FP01) THAT WAS PROVIDED TO ME, AND ITEM # 4 UNDER INFORMATION TO USERS ON PAGE 2 OF THIS FORM.

PK-770 **DO NOT ENROLL ME** IN THE FLEX PARK BENEFIT PLAN SO THAT MY PARKING FEES WILL BE DEDUCTED ON AN **AFTER-TAX** BASIS.

I CERTIFY THAT THE ABOVE INFORMATION SUBMITTED BY ME IS CORRECT AND THAT I HAVE RECEIVED AND WILL COMPLY WITH ALL CHAPTER 30 EXCERPTS TO INCLUDE ALL INSTRUCTIONS ON PAGE 2 OF THIS FORM. I AUTHORIZE MY EMPLOYER TO MAKE A PRE-TAX (FLEX-PARK) OR AFTER-TAX DEDUCTION, ADJUSTMENTS, OR CANCELLATIONS FROM MY SALARY, WAGES, OR OTHER COMPENSATION FOR MY MONTHLY PARKING FEES, IN ACCORDANCE WITH APPLICABLE LAWS, RULES, REGULATIONS, POLICIES, AND COLLECTIVE BARGAINING AGREEMENTS.

SIGNATURE OF APPLICANT: _____ DATE: _____
 (OVER)

FOR OFFICE USE ONLY
 PARKING FEE DEDUCTIONS

\$ _____	THE FIRST MONTH AND	* EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES _____ / _____ / _____ MONTH DAY YEAR
\$ _____	EACH MONTH THEREAFTER	* WITH ENDING DEDUCTION FOR THE PAYROLL PERIOD PRIOR TO: _____ / _____ / _____ MONTH DAY YEAR

DATE ASSIGN: _____ DATE CANCEL: _____

LOT ID CODE: _____ STALL TYPE: _____ ASSIGN TYPE: _____ DECAL/PERMIT #: _____

ACCESS CARD DEPOSIT: CASH \$ _____ CHECK # _____ ACCESS CARD #: _____

REPLACES DECAL/PERMIT NO: _____ COMPUTER ENTRY DATE: _____ ENTERED BY: _____

DATE DECALS/CARD RTND: _____ PRIMARY SECONDARY ACCESS CARD

PARKING RULES AND REGULATIONS

1. Termination of parking is done only on the 15th and last day of the month. I shall notify the Parking Control Branch Office of my termination at least twenty (20) days before my termination date; otherwise my advance will be forfeited.
2. I shall not hold the State liable for any loss or damage to my vehicle (including any accessories or personal property therein) from any cause whatsoever in connection with my vehicle being parked in a DAGS parking facility.
3. I shall maintain a Valid Driver's License and Current Registration and Proof of Insurance for any vehicle I register with Parking Control.
4. I shall return ALL decal scrapings (and gate card, if applicable) to Parking Control upon termination, purchase of a new vehicle, or any transaction requiring a replacement decal or temporary permit.
5. I understand that the abuse of any Parking Rules and Regulations may result in permanent revocation of my parking privileges.
6. Stall-Share participants must abide by the restrictions as set forth in HAR Section 3-30-4.5(b).

INFORMATION TO USERS

1. For employees on the state payroll, the name and the Social Security Number must be identical to the name and S. S. No. of your latest EMPLOYEE'S EARNINGS, DEDUCTIONS, AND LEAVE STATEMENT. For new employees, the name and the Social Security Number must be identical to the name and S. S. No. on your appointing State DPS Form 5 (or SF-5A or SF-5B). (The use of an incorrect name and/or S. S. No. will make null and void this assignment).
2. This assignment supersedes (replaces) all previous assignments made to the same agent or for the same type of assignment.
3. Request for assignment or cancellation of assignment will be effective only upon a signed approval by the employee and Parking Control.
4. FLEX PARK. I understand that (a) By participating in Flex Park, my gross salary will be reduced by the total amount of my parking fees; (b) My participation in Flex Park may affect my Social Security benefits, upon retirement or disability; (c) My Flex Park enrollment will automatically continue year - to -year for the duration of the plan and my eligibility, until I cancel my enrollment; (d) To cancel my Flex Plan enrollment, I must file the necessary forms with the DAGS Parking Control Branch at least 20 days prior to the desired cancellation date. In addition, cancellations cannot be made on a retroactive basis; and (e) If I want more information or a copy of the complete Flex Park Guidelines, I can contact the DAGS Parking Control Branch at 586-0344

MONTHLY PARKING RATES EFF. 07/01/2022

(1) Oahu, Central, Honolulu		(2) Oahu, Outside Central Honolulu		
(A)	Covered Assigned	\$70	(A) Covered Assigned	\$45
(B)	Covered Reserved	\$60	(B) Covered Reserved	\$40
(C)	Covered Tandem Assigned	\$55	(C) Covered Stall-Sharing	\$45
(D)	Covered Tandem Reserved	\$50	(D) Uncovered Assigned	\$35
(E)	Covered Stall-Sharing	\$70	(E) Uncovered Reserved	\$30
(F)	Uncovered Assigned	\$45	(F) Uncovered Stall-Sharing	\$35
(G)	Uncovered Reserved	\$40	(G) Motorcycle	\$15
(H)	Uncovered Tandem	\$30		
(I)	Uncovered Stall-Sharing	\$45	(3) Neighbor Islands	
(J)	Motorcycle	\$20	(A) Covered Assigned	\$40
			(B) Covered Reserved	\$35
			(C) Covered Stall-Sharing	\$40
			(D) Uncovered Assigned	\$30
			(E) Uncovered Reserved	\$25
			(F) Uncovered Stall-Sharing	\$30
			(G) Motorcycle	\$15