

**MIDDLE TENNESSEE STATE UNIVERSITY  
Human Resource Services Office**

**WAIVER OF EXCLUSION FOR PARKING DEDUCTIONS**

**Employee Name:** \_\_\_\_\_

**M No:** \_\_\_\_\_

**I do not wish to have my parking expenses paid on a tax-free basis. I choose to pay income tax and social security tax on those premiums.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to:     Human Resource Services  
                              Sam H. Ingram Building, Room 204  
                              MTSU P.O. Box 35  
                              Murfreesboro, TN 37132  
                              (615) 898-2929**

**DUE BY THE 7<sup>TH</sup> OF THE MONTH FOLLOWING ISSUANCE OF THE  
PARKING DECAL.**