




ERIE COUNTY WATER AUTHORITY
INTEROFFICE MEMORANDUM
March 15, 2022

To: Commissioners Schad, LaGree and Iannello

From: Joyce Tomaka, Comptroller 

Subject: Policy for Parking Reimbursement for employees assigned to the Ellicott Square Office

The recent ratification of the collective bargaining agreement with the CSEA, Local 1000 AFSCME, AFL-CIO which becomes effective April 1, 2022, included a parking allowance provision to reimburse employees assigned to the Ellicott Square office a \$75 per month parking allowance. Past practice has been to extend provisions to the non-represented group as well.

Attached please find a policy to outline procedures to reimburse all CSEA and non-represented employees who's regularly assigned workplace is the Ellicott Square Building up to \$75 per month for parking within one square mile of the Ellicott Square building located in downtown Buffalo. Also included in this packet is the parking reimbursement request form.

This reimbursement will be administered through the payroll department. This is a non-taxable fringe benefit and is not subject to withholding taxes or additional reporting to the IRS.

Please consider approval of the attached policy and request form. Upon the completion of the policy and procedures manual, the attached policy will be assigned a number.

If you have any questions or suggestions, please do not hesitate to contact me prior to the March 24, 2022 Governance Committee meeting.

Thank you.

cc: K. Prendergast
D. NeMoyer

**ERIE COUNTY WATER AUTHORITY
HR Policies/Procedures**

Re: PARKING REIMBURSEMENT

Policy No.:

Application: All Employees Assigned to the Ellicott Square Office

PURPOSE

To establish guidelines to cover parking reimbursement to all employees who are assigned to the Ellicott Square Office. Effective April 1, 2022, monthly or daily parking expenses incurred on scheduled workdays at a parking facility located within one square mile of the Ellicott Square Building in downtown Buffalo will be eligible for reimbursement up to \$75/month.

POLICY

It is the policy of the Authority to reimburse monthly parking expenses up to \$75 per month. Eligible employees must fill out a reimbursement request form accompanied by a receipt detailing the cost of parking, dates covered for the expense and list the name of the account/tag holder in order to receive reimbursement. Employees enrolled in the Section 125 parking reimbursement plan cannot request reimbursement for the portion of monthly parking that has been reimbursed by the Authority under this policy.

Reimbursements will be made once a month by Payroll.

ALL reimbursements must be requested no later than the deadlines indicated in Section 2 for the calendar year in which the expense is incurred. Under no circumstance will reimbursement be made in the next calendar year.

PROCEDURE

Section 1 Reimbursement Request Form.

Reimbursement of monthly parking expenses will require the submission of a parking reimbursement request form. Each request form must be accompanied by documentation that shows the amount paid, date(s) covered for the expense and list the name of the account/tag holder.

Section 2 Submission of Request Form and Documentation.

Employees will submit their monthly parking expense to the Payroll department by completing the Parking Reimbursement Request Form and supporting documentation by either bringing down and placing in the bin labelled Parking Reimbursement in the Accounting Department, or e-mailing the form and supporting documentation to payroll@ecwa.org. All submissions will be time and date stamped when received by Payroll. Acceptable forms of proof of payment must include the following:

- Name and location of parking (must be located within one square mile of the Ellicott Square Building)
- Name of account holder, tag holder or payer (must be an ECWA employee)
- Dates covered
- Copy of paid receipts issued by the Parking Facility

Reimbursement will be made by payroll once per month in the employee's check:

- Weekly employees will be reimbursed on the third payroll of each month. Reimbursement requests must be submitted by Monday at 10 a.m. after the close of the third pay period end. Reimbursement requests received after Monday at 10 a.m. after the close of the third pay period end will be included in the reimbursement of the following month with the exception of December.
- Bi-weekly employees will be reimbursed in the second payroll of each month. Reimbursement requests must be submitted by Monday at 10 a.m. after the closed of the second pay period end. Reimbursement requests received after Monday at 10 a.m. after the close of the second pay period end will be included in the reimbursement of the following month with the exception of December.

It is not mandatory for employees to submit requests monthly. The employee can choose the frequency of submitting their requests.

All requests must be received and reimbursed within the same calendar year. Therefore, expenses incurred from January through December must be submitted no later than the deadlines noted above for December of that same calendar year. No late submissions for the calendar year will be honored or paid.

Section 3 Eligible Expenses.

3.1 Monthly Parking. Holders of monthly parking will be reimbursed provided documentation satisfies the above requirements.

3.22 Daily Parking. Daily parking receipts will be reimbursed up to the monthly limit provided documentation satisfies the above requirements.

3.3 Carpool Parking. Those who participate in a carpool are eligible to be reimbursed provided the payment for the parking is made by the ECWA employee and the documentation provided satisfies the above requirements. If two or more ECWA employees are in a carpool, the monthly reimbursement limit is capped at \$75 per space.

Erie County Water Authority

Parking Reimbursement Request Form

Employee Name: _____

Period Requested: _____

Amount Requested: _____

Attach proof of payment; must include the following:

- Name and location of parking (must be within Downtown Buffalo)
- Name of account holder, tag holder or payer (must be an ECWA employee)
- Dates covered
- Copy of paid receipts issued by the Parking Facility

I hereby certify that I have paid for the above-requested parking expense for the date(s) indicated. I also certify that I have not and will not request reimbursement for any portion of the expense that was reimbursed by the Authority from the Section 125 Parking Plan:

Employee Signature

Employee #

Received in Payroll (time/date stamped) below:

ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

Contract: _____ **Project No.:** _____
Project Description: Parking Reimbursement for all Ellicott Square Employees

Item Description:




<input type="checkbox"/> Agreement	<input type="checkbox"/> Professional Service Contract	<input type="checkbox"/> Amendment	<input type="checkbox"/> Change Order
<input type="checkbox"/> BCD	<input type="checkbox"/> NYSDOT Agreement	<input type="checkbox"/> Contract Documents	<input type="checkbox"/> Addendum
<input type="checkbox"/> Recommendation for Award of Contract	<input type="checkbox"/> Recommendation to Reject Bids		
<input type="checkbox"/> Request for Proposals			
<input checked="" type="checkbox"/> Other <u>Approve reimbursement policy and procedure</u>			

Action Requested:


<input type="checkbox"/> Board Authorization to Execute	<input type="checkbox"/> Legal Approval
<input type="checkbox"/> Board Authorization to Award	<input type="checkbox"/> Execution by the Chairman
<input type="checkbox"/> Board Authorization to Advertise for Bids	<input type="checkbox"/> Execution by the Secretary to the Authority
<input type="checkbox"/> Board Authorization to Solicit Request for Proposals	
<input checked="" type="checkbox"/> Other <u>Approve reimbursement policy and procedure</u>	

Approvals Needed:

APPROVED AS TO CONTENT:

<input checked="" type="checkbox"/> Comptroller	<u></u>	Date: <u>03/15/2022</u>
<input type="checkbox"/> Chief Operating Officer	_____	Date: _____
<input type="checkbox"/> Executive Engineer	_____	Date: _____
<input type="checkbox"/> Director of Administration	_____	Date: _____
<input checked="" type="checkbox"/> Dir. of Human Resources	<u></u>	Date: <u>3/16/22</u>
<input checked="" type="checkbox"/> Chief Financial Officer	<u></u>	Date: <u>03/16/2022</u>
<input type="checkbox"/> Legal	_____	Date: _____

APPROVED FOR BOARD RESOLUTION:

<input checked="" type="checkbox"/> Secretary to the Authority	<u></u>	Date: <u>3/16/22</u>
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Remarks: _____

Resolution Date: _____ **Item No:** _____