COUNTY OF RIVERSIDE

Transportation Expense Program Enrollment/Change Form

Please print clearly

Check One ☐ New Enrollment ☐ Change ☐ Stop Contribution		Enter Effective Date
Last Name	First Name	Middle Initial
Mailing Address (Street/PO Box)	(City)	(Zip)
Department/Agency	Division	Mail Stop #
EMPLID # ___ ___ ___ ___ ___ ___	Work Phone	

TRANSPORTATION EXPENSE PROGRAM OPTION ***(Please check the box for the option you wish to enroll in)***	**Monthly Pre-Tax Contribution**
☐ **OPTION 1** – Parking With A Monthly County Parking Permit (Up to a maximum of $250 per month) (*Please check below which County parking facility and vehicle type your monthly pass is for.)*	
a. ☐ 12th St. Parking Structure @☐ $35cars/☐$7motorcycles/month (CPRKNG)	*Pass number:*_____
b. ☐ CAC Parking Structure @ ☐ $35cars/☐$7motorcycles/month (NPRKNG)	*Pass number:*_____
c. ☐ City Garage - 3901 Orange at $35 month (OPRKNG)	*Pass number:*_____
d. ☐ Law Bldg - 3960 Orange at $35/month (LPRKNG)	*Pass number:*_____
e. ☐ Riverside Centre Parking @ ☐ $35cars/☐$7motorcycles/month (TPRKNG)	*Pass number:*_____
f. ☐ Indio: Parking Structure at @ ☐ $35cars/☐$7motorcycles/month (IPRKNG)	*Pass number:* _____
g. ☐ Indio: Law Bldg Parking Lot @ ☐ $35cars/☐$7motorcycles/month (LAWLOT)	*Pass number:* _____
☐ **OPTION 2** – Transit (TRANST) Enter Agency:_____ (Up to a maximum of $255 per month)	*Enter Monthly Amount To Be Deducted* $ _____

I have read the information about the Transportation Expense Program and am enrolling in the program. I understand the option selected above will stay in effect until I make a change or discontinue my participation in the program. I also understand that Commuter Services and/or Facilities Management reserve the right to cancel my participation if the deduction is not taken out of my earnings and no other arrangements were made. I authorize the County to reduce my earnings on a pre-tax basis for the amount indicated above. If my earnings during any pay period are not enough to cover my deductions and I'm enrolled in Option 1 (a Monthly County Parking Permit), I understand it is my responsibility to pay my monthly or partial month fee directly to Facilities Management in order to keep my structure pass active. Failure to do so may result in cancellation of my participation. **I am aware that my first deduction in the Transportation Expense Program will be a double deduction, which covers the first two weeks and last two weeks of participation.**

When I decide to discontinue my participation in the program, I will provide the County with a two-week notice, and my qualified transportation expense will not be deducted for the last two weeks since I paid for this expense in advance.

_____ _____

Employee's Signature Date

Send to the Parking Office for processing, Mail Stop #1535 or FAX 951-955-5531

CONFIRMATION – FOR ADMINISTRATIVE USE ONLY

Effective Pay Period: _____ Effective Date: _____

Date Processed: _____ Authorizing Signature: _____