



## TRANSIT PASS AUTHORIZATION FORM

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

New Enrollment       Change       Stop Contribution

**PARTICIPATING BUS LINES:** (Check here if you qualify as a student/senior disabled rider: )

RTA (Western Riverside County)     OmniTrans (San Bernardino County)     SunLine (Coachella Valley)

Monthly Pass Cost: \$ \_\_\_\_\_

**PARTICIPATING RAIL LINE: METROLINK** (Check here if you qualify as a student/senior disabled rider: )

Origin Station: \_\_\_\_\_ Destination Station: \_\_\_\_\_

Type of Metrolink Pass/Ticket (Select many as needed)

- Daily R/T Ticket    Quantity \_\_\_\_\_    Single Ticket Cost \_\_\_\_\_    Total \_\_\_\_\_
- 7-Day Pass    Quantity \_\_\_\_\_    Single Pass Cost \_\_\_\_\_    Total \_\_\_\_\_
- Monthly Pass    Monthly Fare Cost \_\_\_\_\_

### Metrolink Discount – Read & Initial

Metrolink is currently offering County employees a 25% discount for Metrolink pass holders who purchase daily, weekly, or monthly passes through the Metrolink Corporate Pass Program, and that this amount will be factored in to my full price fare below. I understand that this discount could discontinue, and that Commuter Services will provide me with at least two weeks' notice of this change so that I may decide whether or not to continue my participation.

Employee Initial: \_\_\_\_\_

### For Commuter Services Use Only:

Total Fare Cost \$ \_\_\_\_\_ - 25% discount = Adj. Fare Cost: \$ \_\_\_\_\_

### PAYROLL AUTHORIZATION REQUEST:

- Start: Amount I authorize the County of Riverside to begin deducting from my monthly wages (Before discount, if applicable): \$ \_\_\_\_\_
- Change: Amount I authorize the County of Riverside to change to my current Transit Deduction to: \$ \_\_\_\_\_
- Terminate: I hereby give my two week notice, and authorize the County of Riverside to stop my Transit Deduction.

### EMPLOYEE AUTHORIZATION

I have read the information about the Metrolink/Transit Pass 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 reserves 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.

I also understand that my first deduction in the Transit Pass Program will be a double deduction, which covers the first two weeks and last two weeks of transit participation. When I decide to discontinue my participation in the program, I will provide the County with a two-week notice, and my qualified transit expense will not be deducted for the last two weeks since I paid for this expense in advance.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**SEND TO COMMUTER SERVICES OFFICE FOR PROCESSING, FAX 951/955-1181 OR MAIL STOP #1008**

### CONFIRMATION – ADMINISTRATION USE ONLY

Effective pay period: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Authorizing Initials: \_\_\_\_\_