



TRANSPORTATION EXPENSE PROGRAM ENROLLMENT/CHANGE STATUS FORM TRANSIT SERVICES

PLEASE PRINT CLEARLY

SELECT ONE <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP CONTRIBUTION			ENTER EFFECTIVE DATE		
Last Name <i>(Legal Name)</i>		First Name <i>(Legal Name)</i>		Middle Initial	
Mailing Address (Street/PO Box)		(City)		(Zip)	
Department and Division		Mail Stop #	Contact Number(s)		
EMPLID # _ _ _ _ _		Email Address			

TRANSIT PASS/MONTHLY PRE-TAX CONTRIBUTION

(Up to a maximum of \$280 per month per IRS Publication 15B)

PLEASE CHECK BELOW WHICH TRANSIT TYPE YOUR MONTHLY PASS IS FOR:

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 Monthly Fare Cost: \$ _____

PARTICIPATING RAIL LINE: METROLINK (Check here if you qualify as a student, senior, disabled or Medicare eligible:)

Origin Station: _____ Destination Station: _____

Monthly Pass Monthly Fare Cost: \$ _____

PAYROLL AUTHORIZATION REQUEST:

Start: I authorize the County of Riverside to deduct the Transit fee from my pay warrant \$ _____

Change: I authorize the County of Riverside to change to my current Transit fee deduction to: \$ _____

Cancel: I hereby give my two-week notice and authorize the County of Riverside to stop my Transit fee deduction.

I have read and understand the terms and conditions of enrolling in the Transportation Expense 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 reserve the right to cancel my participation in the program if the required payment cannot be deducted from my biweekly pay warrant and no other payment arrangements were made. I authorize the County of Riverside to collect the required payment on a pre-tax basis for the amount indicated above. If my earnings during any pay period are not enough to cover my deduction, I understand that it is my responsibility to pay my monthly or partial month fee directly to Commuter Services in order to keep my transit pass active. Failure to do so may result in cancellation of my participation in the Transportation Expense Program.

I understand that in the event a deduction is not collected for ANY reason (LOA, etc.), it will automatically be added to the next scheduled deduction. Any subsequent missing deduction(s) will result in automatic termination of my participation and my access to the transit pass will be inactivated until I return to the Commuter Services Office to settle any outstanding payments to restart my participation.

I understand that my first deduction for the Transportation Expense Program will be a full month's deduction, which covers the first two weeks and the last two weeks of participation. ***If I decide to discontinue my participation in the program, I will complete and submit a stop contribution request via a Transportation Expense form and give the County two weeks' notice, and my qualified expense will not be deducted for the last two weeks since I paid for this expense in advance. I further understand that NO REFUNDS WILL BE GIVEN FOR ANY MONTHLY PASS(ES) ISSUED.***

Employee's Signature

Date

PLEASE SUBMIT ENROLLMENT FORM TO COMMUTER SERVICES FOR PROCESSING: ICOMMUTE@RIVCO.ORG OR FAX 951/955-1181

COUNTY OF RIVERSIDE ADMINISTRATIVE USE ONLY

Effective Pay Period: _____ Effective Date: _____

Date Processed: _____ Signature/Title: _____