



METROLINK.  
CORPORATE PARTNER PROGRAM



## 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 \_\_\_\_\_

### EMPLOYEE AUTHORIZATION

#### 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.

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: \_\_\_\_\_