

**“RIDE FOR FIVE”
PSU EMPLOYEE TRANSIT PASS PROGRAM
AUTHORIZATION FORM**

TRANSIT PASS NUMBER _____ **TELLER INITIALS** _____

Employee’s full name _____
(Please print)

Address _____

Contact Phone _____ **Email:** _____

Employee ID Number _____

Objective: University Employees, defined as any person employed on Penn State’s University Park campus on a full-time basis, are eligible to purchase the employee transit pass, good on any CENTRE LINE route, directly from the Parking Office.

For the time period of July 1, 2006 through June 30, 2008, this pass is priced at \$49.00 per month. Transportation Services will help cover the cost of a mass transit pass for full time employees. The employee cost of the \$49.00 pass is only \$5.00 per month. Transportation Services will cover the remaining costs to assist and encourage University employees to use the area’s transit service provided by CATA. The monthly transit pass fee of \$5.00 will be automatically deducted, if eligible, from each participating employee’s salary. Employees not eligible for payroll deduction are required to pay the minimum of one full fiscal year’s fee (\$60.00), in advance, via cash or check. **Each employee is responsible for all fees while in possession of the transit pass regardless of usage.**

I have received the above indicated transit pass. I understand that the transit pass is property of CATA, and is administered by the Penn State Parking Office, and must be surrendered upon request of either party. I understand that transit fees are assessed to me and are my responsibility for the duration of possession of this pass. I also understand that I am not eligible for campus parking while I have a mass transit pass. I have received a copy of the regulations and agree to abide by these regulations. I understand a \$25.00 processing fee is assessed for all lost or stolen Mass Transit passes, regardless of whether or not a replacement pass is issued.

I hereby authorize Penn State to deduct employee transit pass/EVM permit fees directly from my salary at the applicable rate.

Employee Signature _____ **Date assigned** _____

Employee Signature _____ **Date returned** _____

ROD’s assigned 1) _____ **2)** _____ **3)** _____ **4)** _____

EVM Permit number _____

LOST _____ **STOLEN** _____ **FEE PAID** _____ **RETURNED** _____ **DATE** _____