

UCLA Central Ticket Office Pre-Tax Transit Pass Payroll Deduction Authorization

Type of Pass: SANTA CLARITA TRANSIT PASS

(Prices are not listed because they can vary by academic quarter.)

Payroll Status: Biweekly Monthly

Employee Name: _____

University ID #: _____

Employee Dept: _____

SS #: _____

Home Address: _____

Phone # (work): _____

Phone # (home): _____

E-Mail: _____

PLEASE READ THE FOLLOWING CAREFULLY

I authorize deductions to be taken from my payroll earnings for the duly scheduled fee for the type of transit pass issued to me. I understand that these deductions are subject to the following conditions:

1. Payroll deduction Eligibility: Must be employed with the University with an appointment time of at least 40%.
2. Payroll deduction may not be suitable for everyone.
3. **This authorization is specific to each academic quarter.** Pass holders must purchase a new Santa Clarita Transit pass each quarter and select this payment type each time.
4. Deduction Schedule: Payment is split over a two-month period. **Monthly paid employees** will have one-half of the cost of the pass deducted on each of two consecutive monthly paychecks. **Bi-weekly paid employees** will have one-fourth of the cost of the transit pass taken out of each of four consecutive paychecks.
5. **CANCELLATIONS:**
 - There will be no refunds or partial cancellations
 - Not picking up a pass is not grounds for a refund
6. Passes are intended for personal use only, e.g. to commute to campus and back home.

Employee Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Eligibility Status checked: Date _____ Initials _____ Date first pass to be issued: _____

First Payroll Deduction pulled from FTP: Date _____ Initials _____

PLEASE RETURN THIS FORM TO THE UCLA CENTRAL TICKET OFFICE