

HUMAN RESOURCES

Transit Subsidy Registration, Agreement, and Request

Print Employee Name: _____ Employee ID: _____

Job Title: _____ Department: _____

I acknowledge that I have voluntarily chosen to apply for the Transit Subsidy Program. This program will provide a pre-loaded debit card of up to \$150.00 per month for employees to use for public transportation to/from work at El Camino Hospital, instead of driving a vehicle. In accepting this benefit, I agree to the following terms and conditions:

Employee Eligibility for Program Participation:

- A. I am an active employee (working and not in any leave status),
- B. In signing this agreement I am officially registering for the Transit Subsidy Program for commuting to and from work.
- C. I will comply with the program requirements as documented below:
 - a. I confirm I will use the transit card for my personal commute to and from work at ECH only, and will not give or transfer its' use to any other individual,
 - b. I will notify the Transportation Department or Human Resources of any changes in employment status (such as change in FTE, going from regular full-time to part-time, or to per diem status, leaves, or pending resignation) that will change or disqualify me for this benefit.
 - c. If I decide to no longer participate in this program to use public transportation options to travel to work, I will return the transit card with any unused credits and notify ECH so that my stipend is discontinued.

Transit Subsidy Program Monthly Maximum:

- A. The maximum monthly Transit Subsidy is \$150.00.
- B. This maximum amount will be pro-rated based on the employee's status (FTE).

I qualify for this employee as:

- ☐ Unrepresented hourly or exempt employee (subject to ECH policy)
- ☐ PRN represented employee (subject to the transit agreement with this union)
- ☐ SEIU represented employee (subject to the transit agreement with this union)
- ☐ Local 39 represented employee (subject to the transit agreement with this union)

My FTE ("Status") is (circle):

1.0 0.9 0.8 0.7 0.6 0.5 0.4 Per Diem

If I am already enrolled in the pre-tax Transit Plan, I understand that combined total of my pre-tax contributions and subsidy cannot exceed \$260.00 per month. My contribution per pay period is: \$_____ or N/A_____

I am requesting a subsidy card for the month/year of (MM/YYYY): _____

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***Please fill out this form and bring to the HR office.**

cc: Human Resources; Transportation Manager; Employee

In executing this agreement, the Employee and Hospital state that this document memorializes in full all understandings made related to the Transit Subsidy Program. The Hospital reserves the right to modify, amend, or discontinue the Transit Subsidy at any time. It is further agreed that this agreement will not be relied upon as the basis for any claim, grievance, or complaint.

Employee Signature

Date

HR Representative Signature

Date

I acknowledge receipt of the transit subsidy pre-paid Mastercard in the amount of \$_____ for the month/year (MM/YYYY) _____.

_____(initial)