



ALLEGHENY COUNTY PORT AUTHORITY EZ GOLD
EMPLOYEE PARTICIPATION AGREEMENT

As part of my participation in the PAT EZ Gold Program, I, _____
(signature)

Employee Number _____ Authorize the cost of a Zone _____ bus pass, to
be deducted from the first pay of each month, beginning in the month of _____ for
(payroll deduction)
a bus pass to be used the following month. In addition, I agree to the following conditions:

- 1) The cost of my monthly transit pass will be deducted from the first pay period of the month preceding the issuance of the bus pass. However, this form must be received in our office no later than the 10th of the month before the actual deduction. **For example; in order to receive a bus pass for the month of May, the form must be received in Human Resources no later than March 10th so that a deduction would come out of the first pay in April.**
- 2) Once I sign for and receive the transit pass, the County assumes no liability.
- 3) It is my responsibility to disclose any changes in my employment status to the appropriate personnel including, but not limited to Workers' Compensation leave, or any other leave of absence.
- 4) Once the cost of a pass has been deducted from an employee's pay, the bus pass will be issued the following month. There will be no refunds of any monies at any time.
- 5) Bus passes will be distributed from the Department of Human Resources in Room 102 County Office Building to assigned departmental personnel.
- 6) You must be a full time permanent county employee to be eligible to enroll in the program.

(please print clearly)

Employee Name _____

Department/Division _____

Work Location _____

Telephone Number _____

Email Address _____