



ALLEGHENY COUNTY PORT AUTHORITY EZ GOLD

ZONE CHANGE REQUEST



I, _____, Employee Number _____
(signature)

request that my current Zone _____ bus pass be changed to Zone _____ beginning the month
of _____.

(please print clearly)

Employee Name _____

Department/Division _____

Work Location _____

Telephone Number _____



Due to time periods of processing, please submit your request two (2) months prior to when you want your change request to be effective. Keeping in mind that your payroll deduction will be one (1) month prior before the actual months' pass is received. (i.e. Forms processed before May 21st, your payroll deduction will be the first pay in June and you will receive a July's pass).

Please forward this form by the 20th of the month for the months of January through October and by the 10th for November and December for current processing to the Department of Human Services, Room 102 County Office Building, Attention James A. Giel, Jr.