



ALLEGHENY COUNTY PORT AUTHORITY TRANSIT CANCELLATION REQUEST

I, _____ (SIGNATURE), Employee Number _____
request that my current ConnectCard transit deduction be cancelled beginning the month of
_____ thereby assuring that effective the month of _____ I will no longer
receive a bus pass.

Example: To cancel your ConnectCard for the month of **May**, you would need to have the Cancellation Request to us **no later than March 15th**. This would ensure that there would not be a deduction in the first pay of April for the May ConnectCard

(please print clearly)

Employee Name _____

Department/Division _____

Work Location _____

Telephone Number _____

Email Address _____

Please forward this form for processing to the Department of Human Resources, Room 920, City-County Building, Attention: HR/Benefits

If you have any questions or concerns with about the ConnectCard Cancellation process, please contact Human Resources at 412-350-6830.