



## ALLEGHENY COUNTY PORT AUTHORITY TRANSIT EMPLOYEE PARTICIPATION AGREEMENT

As part of my participation in the PAT Transit Program, I, \_\_\_\_\_ (signature)

Authorize the cost of a bus pass, to be deducted from the first pay of each month, beginning in the month of \_\_\_\_\_ for a bus pass to be used in the Month of \_\_\_\_\_

In addition, I agree to the following:

1) The cost of my monthly transit pass will be deducted from the first pay of the month prior to the month in which the bus pass is needed.

**\*\*Example:** To get your pass for the **month of May**, you would need to submit the enrollment form no later than **March 10th**. For a payroll deduction in the first pay of **April** in order to receive a ConnectCard for **May**.\*\*

2) Once I sign for and receive the ConnectCard, the County assumes no liability.

3) It is my responsibility to inform a Human Resources' Benefits Representative (412-350-6830) of changes in employment status, including any leaves.

4) Once the cost of a ConnectCard has been deducted from an employee's pay, the deduction is non-refundable.

5) ConnectCards will be distributed from the Department of Human Resources in Room 920 City-County Office Building

6) You must be a full time permanent county employee to be eligible to enroll in the program.

7) **A fee of \$1.00 for the issuing of the ConnectCard is due with the submission of this form, payable by check or cash. Checks should be made out to Allegheny County and attached to this form. A ConnectCard cannot be issued until the fee is paid for the activation of the ConnectCard.**

(please print clearly)

Employee Name \_\_\_\_\_

Department/Division \_\_\_\_\_

Work Location \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Employee Number \_\_\_\_\_

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

**If you have any questions or concerns about the ConnectCard enrollment process, please contact HR at 412-350-6830.**