Application for Stanford Pre-Tax Payroll Deduction for Commuting

rev. 8/09

How the Pre-Tax Transit Pass Purchase Program works. Any purchases made through this program must be primarily for your own commuting purposes. All payroll deductions for transit passes and commuter checks will occur as a series of monthly deductions. At the time of initial purchase, individuals will determine their monthly transit cost and lock into a deduction schedule for the rest of the year. **For those who choose to purchase transit passes all year round, deductions will be made through the end of August (this includes September passes purchased in August), and for those who purchase passes through the Academic year, deductions will continue through May (includes June passes purchased in May).** Currently, up to $230 of monthly transit costs will be deducted on a pre-tax basis; costs above this amount will be deducted on an after-tax basis.

All deductions for Stanford University and Stanford Hospital & Clinics employees will occur on the second pay period of the month, and will continue until all payments are completed.

The cut-off date to enroll in the Payroll Deduction Transit Pass Program is the 9th of each month. Individuals will have the option of obtaining their passes each month at the Parking & Transportation Services office or requesting U.S. mail delivery to their home address.

There are no returns of transit passes or commuter checks. Future transit pass deductions may be changed by submitting a new program application form or canceled with a program cancellation form, but it must be received at the Parking & Transportation Services office prior to the 9th of the month in order to take effect for the next month. Under certain circumstances such as a change in life events, future transit pass deductions may be changed or terminated by the participant at our office.

To participate in this program, employees must meet each of these criteria: 1) University or Hospital employee who works 50% Full-time Equivalent or more, **2)** Receives regular University or Hospital benefits, and **3)** Commutes to Stanford primarily for employment (students and postdocs do not qualify for this program).

1 Who are you? (proof of Stanford affiliation required)

2 Contact Info

Last Name	**First** Name	Daytime phone (required - cannot process without) Area Code ( )
Stanford ID number OR Hospital file ID*	Full **Email Address** (required)	

* not your badge number – your file ID number is on your timecard or paycheck stub.

3 What are you purchasing?

☐ **ACE Train** (_____ - _____)
departure station / arrival station*
- ☐ Monthly Pass
- ☐ 20-trip Ticket (How many per month? _____)

☐ **BART:** How many of each?
$64 ticket ($60) _____

☐ **Caltrain** (_____ - _____)
departure station / arrival station
- ☐ Adult Monthly Pass**
- ☐ Senior/Disabled Monthly Pass**
- ☐ 8-Ride Ticket** (How many per month? _____)
- ☐ Monthly Parking Permit

☐ **Commuter Checks:** How many of each?
$20 ____ $30 ____ $35 ____ $45 ____

☐ **Muni**
- ☐ Adult Fast Pass
- ☐ Senior Pass

☐ **SamTrans**
- ☐ $1.50 Ride-Value Pass
- ☐ Express ($4 Ride-Value) Pass
- ☐ Senior/Disabled Pass

* Fremont or San Jose only.
** Hospital employees only. Eligible University employees ride Caltrain for free with the GO Pass.
VTA passes are not available through payroll deduction. Eligible University and Hospital employees ride VTA for free with the Eco Pass.

4 Monthly transit cost?

Transit prices may vary during the year. The amount we deduct each month will reflect the current cost of your transit items.

$

5 Which program duration?

I commit to purchasing passes through: ☐ June 2010 ☐ Sept. 2010 ☐ Ongoing until notified

6 Pick-up or delivery?

☐ **WILL-CALL:** I will pick up my passes at the Parking & Transportation Services office. Notify me at the email address above.

☐ **MAIL ORDER:** Mail passes to the address below (dept. mail code address not acceptable. **If you have a new address, please contact P&TS and your HR office).**
NOTE: Once your transit pass/transit parking/commuter check is mailed, we are NOT responsible if it gets lost.

Street or PO Box # _____ City _____ State _____ Zip _____

7 Authorization and signature for **pre-tax payroll deductions**

Read and sign below. Please read the Pre-Tax Transit and Parking Program Descriptions on our website at transportation.stanford.edu. You can also arrange to have one faxed to you by calling 650.723.9362.

Authorization. I have read and understand the information regarding the Pre-Tax Transit and Parking Payroll Deduction Program. I also understand that upon signing this application I am authorizing all transit pass/transit parking/commuter check purchases for the current year to take place through monthly pre-tax deductions from my pay. **I authorize Stanford to adjust my payroll deductions without prior notice if the price of my transit selection changes. To cancel, I must submit a program cancellation form. To make changes, I must submit a new program application form.**

Personal Use. I understand that these purchases using payroll deduction must be for my own personal commuting purposes.

Responsibility. If a scheduled payroll deduction is rejected for any reason I must pay Parking & Transportation Services the full amount of the deduction immediately upon their request.

Violations. I understand that violation of any of the above constitutes cause for removal from the program.

X _____ _____
YOUR SIGNATURE **DATE**

Mail: 340 Bonair Siding, Stanford, CA 94305-7255 MC: 7255 Email: transportation@stanford.edu Phone: 650.723.9362 Fax: 650.724.8676