



# TRANSPORTATION EXPENSE (TE) PROGRAM ENROLLMENT/STATUS CHANGE FORM TRANSIT SERVICES

**SUBMIT THE ENROLLMENT FORM TO THE HR – CSD OFFICE FOR PROCESSING: [ICOMMUTE@RIVCO.ORG](mailto:ICOMMUTE@RIVCO.ORG)**

PLEASE PRINT CLEARLY

<b>SELECT ONE</b> <input type="checkbox"/> <b>NEW ENROLLMENT</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>STOP CONTRIBUTION</b>			<b>EFFECTIVE MONTH/DATE</b>	
Last Name <i>(Legal Name)</i>		First Name <i>(Legal Name)</i>		Middle Initial
Mailing Address (Street/PO Box)		(City)	(Zip)	
Department and Division		Mail Stop #	Contact Number(s)	
CEID # _____-_____-_____-_____-_____-_____		Email Address		

### TRANSIT MONTHLY PASS AND PAYROLL PRE-TAX DEDUCTION

*(Up to a maximum of \$325 per month per IRS Publication 15B)*

#### SELECT THE TRANSIT TYPE FOR YOUR MONTHLY PASS:

**PARTICIPATING BUS LINES:** (Check here if you qualify as a student/senior disabled rider: )

RTA (Western Riverside County)     OmniTrans (San Bernardino County)     SunLine (Coachella Valley)

Monthly Pass Monthly Fare Cost: \$ \_\_\_\_\_

**PARTICIPATING RAIL LINE: METROLINK** (Check here if you qualify as a student, senior, disabled or Medicare eligible: )

Origin Station: \_\_\_\_\_ Destination Station: \_\_\_\_\_

Monthly Pass Monthly Fare Cost: \$ \_\_\_\_\_

#### PAYROLL AUTHORIZATION REQUEST:

**START:** I authorize Riverside County to deduct the Transit fee from my pay warrant \$ \_\_\_\_\_

**CHANGE:** I authorize Riverside County to change to my current Transit fee deduction to: \$ \_\_\_\_\_

**STOP:** I hereby give my two-week notice and authorize the Riverside County to stop my Transit fee deduction.

I acknowledge that my initial payroll deduction in the Transportation Expense (TE) Program will represent a full month's deduction, covering both the first two weeks and the last two weeks of my TE Program participation. I understand that my enrollment in the TE Program will remain active until I formally submit the required TE Program Enrollment/Status Change form to the HR – CSD. I acknowledge that no refunds or credits will be issued for any monthly pass that have been issued and/or utilized. Should I choose to discontinue my participation, I will provide the HR – CSD with a two weeks' notice. My qualified expense will not be deducted for the final two weeks, as I have already paid for this expense in advance.

I understand that it is my responsibility to ensure successful payroll deductions while enrolled in the TE Program. In the event of an unsuccessful deduction(s), it is my responsibility to coordinate payment arrangements directly with the HR – CSD. Any unresolved payments will result in the termination of my participation in the TE Program, along with the deactivation of my transit access pass until the outstanding balance is resolved.

I understand and agree that the Human Resources – Commuter Services Division reserves the right to cancel my participation in the TE Program if I fail to meet the outlined requirements.

By signing and submitting the Transportation Expense (TE) Program form, I authorize Riverside County to collect the required payments on a pre-tax basis for the amount I have designated. I confirm that I have reviewed, understood, and agreed to the terms and conditions of the TE Program participation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

#### FOR RIVERSIDE COUNTY ADMINISTRATIVE USE ONLY

DATE HR – CSD PROCESSED: \_\_\_\_\_ SIGNATURE/TITLE: \_\_\_\_\_

EFFECTIVE PAY PERIOD: \_\_\_\_\_ EFFECTIVE PAY DATE: \_\_\_\_\_