



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 _____.*

*Example: To change your zone for the month of May, you would need to have the Zone Change Request to us no later than March 10th. This would ensure that the new zone rate change would be implemented in the first pay of April for a new zone pass for the month of May.

Employee Name _____

Department/Division _____

Work Location _____

Telephone Number _____

Email Address _____



Please forward this form for current processing to the Department of Human Resources, Room 102, County Office Building, Pittsburgh, PA 15219 Attention: Carol Blotzer

