



**ALLEGHENY COUNTY PORT AUTHORITY EZ GOLD
EMPLOYEE PARTICIPATION AGREEMENT**

As part of my participation in the PAT EZ Gold Program, I, _____
(signature)

Employee Number _____ Unit ID # _____ Authorize the cost of a
Zone _____ bus pass, to be deducted from the first pay of each month, beginning in the
month of _____ for a _____. In addition, I agree to the
(payroll deduction) (monthly pass)

following conditions:

- 1) A six (6) month minimum initial enrollment period and automatic renewal of my participation on a month-to month basis after the end of the initial six (6) month period.
- 2) If I cancel my participation at any time after the initial six (6) month enrollment period, I must wait another three (3) months before enrolling again.
- 3) The cost of my monthly transit pass will be deducted from the first pay period of the preceding month. Enrollment forms must be received by the 20th of the month for the months of January through October and for November and December forms must be received by the 10th for current processing.
- 4) Once I sign for and receive the transit pass, the County assumes no liability.
- 5) It is my responsibility to notify the appropriate County personnel of any address change which would result in a PAT zone change and it will be my responsibility to contact PAT to determine my new zone.
- 6) It is my responsibility to disclose any changes in my employment status to the appropriate personnel including, but not limited to Workers' Compensation leave, or any other leave of absence.
- 7) Once the cost of a pass has been deducted from an employee's pay, the bus pass will be issued before months' end. There will be no refunds of any monies at any time.
- 8) Bus passes will be distributed from the Department of Human Resources in Room 102 County Office Building. Payroll clerks will be used for distribution of passes.
- 9) You must be a full time permanent county employee to be eligible to enroll in the program.

(please print clearly)

Employee Name _____

Department/Division _____

Work Location _____

Telephone Number _____