

CLACKAMAS COUNTY MONTHLY TRANSIT PASS PAYROLL DEDUCTION CHANGE/CANCELLATION FORM

If you wish to make changes to your monthly transit pass payroll deduction, please complete the form below and return it to Payroll by the deadlines on the chart. Since it takes approximately six weeks lead time to make these changes, please plan accordingly.

Please change the mailing address for my transit pass payroll deduction.

This address change is effective for the month of _____.

| | |
|----------------------------------|-------------------------------------|
| <i>Date</i> _____ | |
| <i>Print Name</i> _____ | |
| <i>Signature</i> _____ | <i>Employee #</i> _____ |
| <i>New Mailing Address</i> _____ | |
| <i>City</i> _____ | <i>State</i> _____ <i>Zip</i> _____ |
| <i>Department</i> _____ | <i>Work Phone</i> _____ |

Please cancel my transit pass payroll deduction.

The last pass I want to receive is for the month of _____.

| | |
|-------------------------------------------------------------------------------------------|-------------------------|
| I request that Payroll cancel my payroll deduction for the all-zone Tri-Met transit pass. | |
| <i>Date</i> _____ | |
| <i>Print Name</i> _____ | |
| <i>Signature</i> _____ | <i>Employee #</i> _____ |
| <i>Department</i> _____ | <i>Work Phone</i> _____ |

| Deadline for sign-up or cancellation | Change will affect this transit pass |
|--------------------------------------|--------------------------------------|
| August 18, 2008 | September 2008 |
| August 31, 2008 | October 2008 |
| September 15, 2008 | November 2008 |
| October 13, 2008 | December 2008 |
| November 21, 2008 | January 2009 |
| December 19, 2008 | February 2009 |
| January 16, 2009 | March 2009 |
| February 13, 2009 | April 2009 |
| March 16, 2009 | May 2009 |
| April 13, 2009 | June 2009 |

Return form to DES – Risk & Benefits