BUS CARD APPLICATION
PAYROLL DEDUCTION AUTHORIZATION

Employee Information:

Employee ID#: _____ Address _____

Employee's Name: _____ City _____ State ____ Zip Code _____

Department Name: _____ email _____

Work Phone _____ Home Phone _____

Employee Status:

◯ Full-Time ◯ Resident

◯ Part-Time ◯ Per Diem / Pool

Payroll Amount _____

Additional Fee _____

Application Type:

◯ Activate ◯ In-Activate

◯ Re-Activate ◯ Lost / Stolen / Damaged

Acknowledgement:

Initial	By accepting this Platinum Pass, I acknowledge:
_____	That it is for my personal use in commuting to and from work.
_____	I understand that Full-Time employees and Residents pay $5 per pay period and Part-time, Contract and Pool Employees pay $10 per pay period. I authorize the aforementioned deductions to be taken from my paycheck.
_____	It is my responsibility to notify the Human Resources Department of any status changes that impact my contribution rate.
_____	It is my responsibility to notify the Human Resources Department at 602-344-5627 immediately if my Platinum Pass is lost, damaged, or stolen so that it can be cancelled. If I do not notify Human Resources immediately, I understand that MIHS will continue to withhold the Employee contribution.
_____	If my Platinum Pass is lost or stolen and I wish to have a new card issued to me, I will pay a $10 replacement fee.
_____	The Platinum Pass is not transferable. Improper use of the Platinum Pass includes selling, loaning, or making the card available for use to anyone other than the employee to whom the card was issued. Misused cards will be confiscated. Employees who improperly use their card are subject to disciplinary action up to and including termination.

** Maricopa Integrated Health Systems may change the terms of the Agreement from time to time and you will be notified of any changes. Your use of the card after receiving notice of the changes will indicate your agreement to the change. Either MIHS or you may terminate this agreement at any time. Termination of this agreement will not affect your portion of the obligation on usage changes. **

_____ _____

Employee Signature Date

Step 1 & 2 To Be Filled out by Human Resources Rep Receiving Form:

Step 1: Platinum Pass Info:

_____ _____

Old Card Number Date Inactivated

_____ _____

New Card Number Date Issued

Expiration Date: _____

Step 2: HR Rep

Initial	Task
	Employee Status
	Payroll Amount
Date:	

Step 3: Benefits

Initial	Task
	Enrolled in Plan
	Inactivate Plan
	Replacement Fee

Step 4: HRDMS

Initial	Task
	Add Event
	Inactivate Event
Date:	

01/2015