

Transit Pass Program Salary Reduction Agreement

This Salary Reduction Agreement supersedes any previous Salary Reduction Agreement for the person named below (the "Employee") under the Transit Pass Program (the "Program") offered by School District No. 1, Multnomah County, Oregon (the "District"), also known as Portland Public Schools.

The salary reduction specified in this agreement will begin with the first paycheck before the pass month named below, provided this form is received by the District before the 15th of the month prior to the pass month designated.

Please scan and email your Transit Pass Program Salary Reduction Agreement to <u>benefits@pps.net</u> or you may fax (503-916-3107) or pony to Human Resources.

(PLEASE PRINT)

Employee name:		
PPS employee number:	Work location:	
Mailing Address:		
City, State and Zip:		
E-mail:	Home Phone:	
PPS employees may purchase on	ly one pass per month through this	program.
I wish to (check one): Order □ / Cancel □	my Hop Fastpass for the month	of
☐ Please send me a new PPS affiliated Hop Fas	stpass	
☐ I have had a Hop Fastpass <u>affiliated with PP</u>	<u>S</u> in the past. My card number is	
Pass Type	Check One	Pass Price
Adult All Zones		\$ 100.00
Honored Citizen (Age 65 or Disabled)		\$ 28.00
LIFT		\$ 72.00
*I authorize Portland Public Schools to deduct from my paychecks while this Transit Pass Sala Signed:	ary Reduction Agreement is in a	the state of the s
Signed:	one is received either canceling or	chanoino vour order If vou
would like to Cancel and then Order a pass for a later		
Please call TriMet for route schedule	es and at 503-238-RIDE or go to www.	trimet.org.
To learn more visit	https://www.pps.net/Page/1657	
	https://www.pps.net/Page/1657 Office Use Only	