

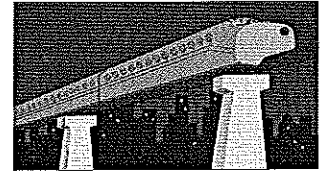


Alta Bates Summit
Medical Center

A Sutter Health Affiliate



SAMUEL MERRITT
UNIVERSITY



EMPLOYEE/ STUDENT DISCOUNT TRANSIT APPLICATION

Employee ID # _____

Employee Name: _____
(LAST) (FIRST) (Badge #) (Last 4 SS#)

Campus Location: Sacramento Campus _____
San Francisco/San Mateo _____
Summit Campus _____
Student (SMU) _____

APPLYING FOR: ___ BART ONLY ___ BART & BUS PASS ___ BUS PASS ONLY

DEPARTMENT: _____ EXT: _____

SUPERVISOR: _____ EXT: _____

CITY OF RESIDENCE / HOME PHONE #: _____

ACTIVE EMPLOYMENT STATUS (CIRCLE ONE CATEGORY): FT PT OC SMU

HOW MANY DAYS A WEEK DO YOU USE PUBLIC TRANSIT? _____

HOME BART STATION: _____ WORK BART STATION _____

ESTIMATED BART COST AND NO. OF TICKETS EACH MONTH: _____

BUS LINE USED: _____ (AC / VALLEJOFAIRFIELD/ SOLANO)

APPROVED BY: _____ (OFFICE USE ONLY)

As a Samuel Merritt University/ABSMC employee/student. I understand that the discount transit passes made available to me are for the SOLE PURPOSE OF MY COMMUTE TO AND FROM WORK. The discount portion paid by the Medical Center is a taxable employee benefit that will be included in my total taxable income at the end of the year. Additionally, I fully understand that if I misuse this discount program I will be refused the right to purchase discount passes in the future and may be subject to disciplinary action. THIS APPLICATION MUST BE FILED BY 4:00PM ONE WEEK BEFORE THE SALE PERIOD. I FURTHER AGREE TO USE PAYROLL DEDUCTION AS THE METHOD OF PAYMENT AND HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT THE APPLICABLE FEE FROM MY PAYCHECK.

Signature: _____ Date: _____

PLEASE RETURN FORM TO:

Alta Bates/Herrick Employees
Ashby Parking & Transportation Office
2450 Ashby Ave, RM 1035
204-1826 / 204-5447 Fax
ATTN: Linda Thom

Summit Employees
Summit Parking & Transportation Office
3100 Summit St, RM G615
655-4000ext 2126 / 869-6644 Fax
ATTN: Dyanasha McCree