



Preparing every student to thrive in a global society.



Parking & Transit Commuter Benefit Enrollment Form

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Current Mailing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: Single Married Domestic Partner

Classification: Certificated Classified Administration/Management

Please sign me up for the following Commuter Benefits. By signing up, I understand that I will receive a debit card from the P&A Group to be used to pay for my parking and transportation expenses.

Parking (\$315/month maximum): \$ _____ Transportation (\$315/month maximum): \$ _____

Total Monthly Deduction (\$630/month maximum): \$ _____

Please select one: Increase Decrease Cancel my monthly commuter benefits effective: _____ (Date)

I understand that this will continue to be deducted from my monthly payroll until I initiate change or cancel my contributions.

Signature: _____ Date: _____

This form must be submitted to Jorge Ferreira, Benefits Coordinator by the 10th of the month in order for your request to be processed for the following monthly payroll.