

University of Illinois at Chicago (UIC)

Authorization for Payroll Deduction for RTA Transit Checks

Administration Phone: (312) 413-5800

Fax: (312) 413-5840

New _____ Terminate _____ New CC+ _____ (November) Revise _____

(Please Print Legibly)

Name: _____

Home Address: _____

City/ State/Zip: _____

Home Phone: _____ Work Phone: _____

(UIN): University (ID) Number _____ E-mail: _____
(9 blue digits located on your University I-card)

I hereby authorize the University of Illinois at Chicago to deduct from my bi-weekly/ monthly wages on a pre-tax basis, not to exceed \$110 per month. (bi-weekly ___ or monthly ___, please select one)

I understand that the deduction will continue automatically unless it is cancelled. If I terminate my participation in the program, I am entitled to one final transit check minus deductions (bi-weekly). Should I choose termination I will not be able to return to the program until January 1 of the following year.

I elect to receive my transit check or CC+ each month in the following denomination:

\$30 \$50 \$65 \$75 \$110
Voucher _____ Chicago Card Plus (CC+) _____

Transit pickup location: (WEST) BFA SCW 17 SRH
(EAST) 1200 W. Harrison 2620 SSB ~ OR ~ (EAST) 750 S. Halsted 212A SCE
↑↑↑ (If you are using the Chicago Card Plus, location is necessary for processing) ↑↑↑

Mode of Transportation: CTA _____ Metra _____ Pace _____ SS _____

By signing this form, I certify that the pre-tax deductions requested above are for eligible transportation expenses incurred while commuting to work. I understand that I am solely responsible for maintaining proper documentation of eligible expenses and that I may be required to substantiate, in the event of IRS inquiry, that these are work-related expenses that are eligible to be excluded from my federal taxable wages. I understand that there are no refunds associated with my pre-tax deductions.

Employee's Signature

Date

(OFFICE USE ONLY)

Effective Date: _____

CALC Date: _____

DIP Date: _____

CSR Initials: _____