

and FBCE.

UTHealth Mobility Program PAYROLL DEDUCTION AGREEMENT (without subsidy)

The University of Texas Health Science Center at Houston (UTHealth Houston) Mobility Program enables employees to pay for approved commuting expenses with pre-tax dollars taken directly from their paychecks (pursuant to the provisions of the Internal Revenue Code for Qualified Transportation Benefits). This form is for enrolling in or dropping from the program.

Payroll deductions for the Mobility Program are made one full month in advance. That is, payroll deductions taken in one month (for example, April) are applied to commuting expenses in the following month (May). This form must be received by the 5th day of the month for your participation to be activated or discontinued in the following month.

Name Employee ID		Employee ID
This is:	☐ Initial Enrollment	☐ Discontinue - DROP
	□ Amended Enrollment	□ Discontinue - Temporary
Effective D	ate:/ for the m	nonth of, 20
		1/xx for the month of May 20xx.
ROLLMENT	Payroll deductions are made o	one full month in advance.
COLLIVIEIVI	3.	
reby authoriz	e UTHealth Houston to deduct the followi	ng amount as indicated from EACH paycheck on a pre-tax basis:
•		<u> </u>
METRO	Salact one METPO ention: METP	ORail METRO Bus/Route #
IVIETRO	Select one METRO option. METR	Ordii IVIET NO Bus/ Noute #
	Deduction/pay period	Total added to METRO Q Card
ocal/Rail	\$ 25.00 (\$50.00 monthly)	\$ 50
one 1	\$ 40.00 (\$80.00 monthly)	\$ 80
pec	\$ 55.00 (\$110.00 monthly)	\$110
one 2	\$ 65.00 (\$130.00 monthly)	\$130
one 3	\$ 75.00 (\$150.00 monthly)	\$150
one 4	\$ 90.00 (\$180.00 monthly)	\$180
	Check if you have a Senior o	or Student 50% Discounted card (deduction would be 50% c
	above).	·
*Payroll dea	luctions will only be loaded to the part	cicipant's METRO Q Fare Card once per month (last day).
., ,,		
voodiands E	express (WE) – Sawdust, Research Fore	st or Sterling Riage
	\$130.00 (\$260.00 monthly)	
ort Bend Co	unty Express (FBCE)	
	\$63.00 (\$126.00 monthly)	

PAYROLL DEDUCTION AGREEMENT:

I request that UTHealth Houston pay mobility charges as indicated above in lieu of compensation otherwise payable directly to me until revoked by either party. This agreement is executed to be effective with respect to amounts earned after the execution of this agreement, and pursuant to the provisions of the Internal Revenue Code for Qualified Transportation Benefits.

I understand it is my responsibility to inform the Mobility Program Coordinator if I wish to drop from the program. I understand that <u>no refunds</u> will be made for unused tickets or the remaining value on my Q Card if I drop from the program, but I that may keep the tickets or METRO Q Fare Card for my future use.

I also understand that, in the event of an adverse ruling by the Internal Revenue Service concerning the federal income tax liability of individuals who participate in this program, it will be my responsibility to satisfy any federal income tax deficiency.

Signature:	
DATE:	
UTHealth Inter-Institutional Mailing Address:	
Email:	
Phone:	

Please send this completed form to the attention of Mobility Program Coordinator to either:

FAX: 713-500-8409

E-mail: <u>Mobility@uth.tmc.edu</u>

Inter-institutional mail: REC112