EMPLOYER PASS PROGRAM
CHANGE REQUEST FORM

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Phone Number _____ Name of Employer _____

CHANGE OF STATUS – (please check appropriate boxes):

Effective Date: last day of _____ (month) , _____ (year) (subject to surrender of Employer Pass)

☐ **Termination -** I have participated in the EPP for a minimum of 12 months.

☐ **Early withdrawal -** I have not participated in the EPP for a minimum of 12 months.

☐ **Suspension (minimum of 3 months)** - for the following reason:

- ☐ Maternity/Parental Leave
- ☐ Long-Term Disability Leave
- ☐ Temporary Assignment
- ☐ Other – state reason (subject to prior approval by TransLink):

_____

_____

Anticipated Return Date: _____

(**NOTE:** To resume participation, provide TransLink with at least one month notice.)

Conditions:

1. One month's written notice required for a change of status.
2. Effective date must correspond with the end of a month.
3. Not effective unless Employer Pass has been surrendered.
4. Employee remains liable for any amounts outstanding to TransLink.
5. **If early withdrawal is requested, this Form must be accompanied by payment adjustment to TransLink calculated as the difference between the cost of the Employer Pass and the equivalent zone/distance monthly pass for the number of months of participation in the EPP** (*contact TransLink directly for confirmation of adjustment amount*).

Employee Acknowledgement:

I acknowledge that the information I have provided above is true and correct. I understand that I continue to be responsible for the monthly cost of my Employer Pass until I have returned it.

_____ Employee Signature _____ Date

NEW PASS REQUIRED – (please check appropriate box and provide details):

Effective Date: 1st day of _____ (month) , _____ (year) (subject to surrender of current Employer Pass)

☐ **Change of Zone/Distance**:

_____ Current Zone/Distance _____ New Zone/Distance Required

Update Contact Information:

_____ *[street address]*

_____ *[city, postal code]* *[telephone number]*

☐ **Change of Name**:

_____ Current Name on Pass

_____ New Name

Conditions:

1. No changes will be made part way through a month.
2. New Employer Pass will be delivered to you through your EPP Coordinator.
3. New Employer Pass will be provided only upon surrender of existing Employer Pass.

Employee Acknowledgement:

I understand that I will not receive a new Employer Pass until I have returned my current Employer Pass.
(*Where change to zone/distance)* I hereby authorize my payroll deduction to be adjusted to reflect the monthly rate payable for the new zone/distance.

_____ Employee Signature _____ Date

Note to Employer: *For early withdrawal, termination and suspension, return original form to TransLink along with surrendered Employer Pass.*