

UMKC Public Transit Enrollment Form (JO Passport)

Name (Last, First, Middle Initial)	Employee ID		
Department	Bus Pass Effective Date		
Campus Address	Phone		
Address (home)	City	State	Zip Code

**Directions: Please complete the top section and the appropriate section below with signature and date.
Forward to HR through campus mail (226 AC) or by fax at (816) 235-5515.**

Service	Regular Rate	Passport Rate	Check One
JO Passport	\$80.00	\$63.00	<input type="checkbox"/>

Passes are paid for a month in advance. For monthly employees, the full Rate is deducted and for bi-weekly employees, the deduction is divided between the first two paychecks each month. (When Possible) Please note: Passes and deductions will not be prorated. Deductions are for full month passes only. Forms must be received in HR by the 15th of the month to begin or stop the deductions for the next pay day.

<input type="checkbox"/> Enroll	<input type="checkbox"/> 624- Pre Tax Deduction	<input type="checkbox"/> 625- After Tax Deduction
I elect to enroll in the monthly bus pass program and I authorize the above deduction from my paycheck for the required contribution. I understand that this deduction will remain in effect unless I elect to cancel it.		
_____	_____	_____
Employee Signature	Date	Phone (Work)
<input type="checkbox"/> Cancel		
Please cancel my bus pass deduction effective ____/____/____.		
<i>(Must be received by the 15th of the month in order to ensure deductions cease on next paycheck.)</i>		
_____	_____	_____
Employee Signature	Date	Phone (Work)

ADMINISTRATIVE USE ONLY			
Paycheck Date	Bi-Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Paycheck <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3