

Augsburg University

METROPASS ENROLLMENT AGREEMENT

A Joint Transit Initiative between Augsburg University and Minnesota's Metro Transit

Participation Guidelines:

Eligibility: To participate in this program you must be an Augsburg employee who is scheduled for at least 20 hours per week, or an average of 40 hours per two-week pay period.

How much it costs: The current cost is \$83 a month. Augsburg University will subsidize \$43 of the cost, which results in a final cost to faculty and staff of \$40.00 or \$20.00 per pay period. Rate increases are determined by Metro Transit, and if necessary, will be implemented on the first of the month of the new contract year (date). MetroPass participants will be notified in advance of any rate increases.

How it works: When you enroll in the MetroPass program, you are agreeing to purchase a personalized unlimited use, unlimited route, bus and light rail pass that will contain your name.

MetroPass Enrollment/Cancellation Procedures: To utilize the card, employees elect to deduct the cost of their MetroPass from their payroll checks. Processing time can take up to two weeks. Once you are enrolled, you will remain enrolled unless your employment with Augsburg University ends or you elect to withdraw from the program. Upon termination of this agreement, your MetroPass must be returned to Payroll.

Lost or Stolen MetroPass: Lost or stolen cards must be reported to payroll immediately. There is a \$5 replacement fee. MetroPass is non-transferable. Augsburg University and/or Metro Transit reserve the right to revoke or deactivate your card if you do not comply with the program guidelines.

Agreement:

I have read the information outlined in this agreement and understand the stated terms. I further understand that I must return my MetroPass upon my last day of employment at Augsburg University, regardless if my termination is voluntarily or involuntarily.

By signing this MetroPass Enrollment Agreement you are authorizing Augsburg University to deduct the cost of the MetroPass from your paycheck. In addition, you fully agree to the terms set forth in this agreement.

Employee Name

Employee ID#

Employee Signature

Date