

## Hillsborough County Bus Pass Subsidy Program Employee Statement of Eligibility and Responsibility

The Bus Pass Subsidy Program is funded by the Board of County Commissioners for Fiscal Year **2012** beginning October 1, 2011, in the amount of **\$184,000**. This amount represents the anticipated amount of funds available for the Board's portion of the full retail price of bus passes sold to employees during the fiscal year. Currently, the Board pays **75%** of the cost and the employee pays **25%**. The County Administrator, or the County Administrator's designee, may determine at any time that budgetary constraints require a reduction of the subsidy percentage. This would result in an increase of the percentage paid by the employee. Therefore, it is critical to the continuity of the program that eligible participating employees strictly comply with related Board Policies and Administrative Directives. By signing below, you are acknowledging that you are eligible for the subsidy and that you will comply with applicable policies, directives and other responsibilities listed herein for current and continued participation in this program.

1. **I am a current employee** of the Hillsborough County Board of County Commissioners, a Hillsborough County public agency or an eligible employee as otherwise specified in Board Policy 09.03.00.04.
2. **I do not have a County subsidized parking space.** A County subsidized parking space is one for which the County has lowered, or pays part of, the cost. If I have payroll deductions for parking, or if I pay for a parking space to a County contracted parking provider, such as 717 Parking, I understand that I have County subsidized parking and I am not eligible for County subsidized bus passes. Parking spaces at the following locations are subsidized by the County:
 

<ol style="list-style-type: none"> <li>a. County Center Garage</li> <li>b. Pierce Street Garage</li> <li>c. Twiggs Street Garage</li> <li>d. MIS Parking Lot</li> <li>e. Library Parking – Main Branch</li> <li>f. Water Resources –</li> </ol>	<ol style="list-style-type: none"> <li>g. Contracted Surface Lots (717 Parking)               <ul style="list-style-type: none"> <li>• Booker Street Lot</li> <li>• Cass &amp; Jefferson Street Lot</li> <li>• Crosstown Lot</li> <li>• Zack Street Lot</li> </ul> </li> </ol>
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3. **I am purchasing bus passes for my personal use** to accommodate my transportation to and from work. I will not resell or allow anyone to use my passes.
4. **I will present proof of eligibility in person at the time of each purchase** with :
  - a. **Proof of my employment (my most recent pay stub** or a letter from my employer if I have been recently hired and have not received my first paycheck); and
  - b. **Photo ID** (my employee ID or an acceptable alternative such as my drivers' license).
5. **I will personally appear to purchase bus passes unless I am granted an exception** if I do not work in, or in close proximity to, the County Center building. I will provide my signed authorization (or e-mail) for each purchase along with my personal check, money order, or cash in the exact amount required. I understand that the use of a County courier (interoffice mail), or a courier of my choice, is acceptable but entirely at my own risk. Should my payment or bus pass become lost in transit, it is my responsibility and the County will not reimburse me for the loss, and **I cannot purchase a replacement.**
6. **I understand that exchanges or refunds may not be allowed,** I am responsible for determining the type of bus pass I require as well as any unused pass or portion of a pass.
7. **I may purchase passes, only once each month,** a sufficient number of subsidized bus passes to accommodate transportation to and from work for one month based on a five-day work week.
8. **I understand that the County determines which passes are available for sale** through this program and from time to time the County may alter which passes are available for purchase without notice.
9. **If my check is returned unpaid (dishonored) by the bank, I will make payment upon notice including the dishonored check fee** established by County Ordinance 96-28 and s.832.08(5), Florida Statutes.
10. **I have fully read the above, which represents the terms and conditions of participation in this program, Board Policy 09.03.00.04 and Administrative Directive HR-11.** I understand that any violations could result in disciplinary action up to and including termination of my employment and demand for immediate restitution to the County which may be deducted from my paycheck.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Work Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Zip Code \_\_\_\_\_

Office Use Only	
Accepted By:	
Date:	