

APPLICATION

VCH TRANSIT SUBSIDY PROGRAM

Last Name _____ First Name _____ VCH Employee ID _____

Address _____

Phone Number: _____ E-mail: _____

One Zone (\$11 per month subsidy) _____

Two Zone (\$12 per month subsidy) _____

Three Zone (\$13 per month subsidy) _____

WC Express (\$13 per month subsidy) _____

CONDITIONS FOR ENROLLMENT

- Be an employee that is paid by Vancouver Coastal Health
- Be a full or part time (permanent or temporary) employee. **Casuals are excluded from the program, as are staff on leave**
- Purchase of a monthly pass on Compass (not 'stored value')

DECLARATION:

Having met the conditions above, I will be purchasing a monthly bus / West Coast Express pass, and am committed to taking transit on a regular basis. I understand that VCH is committed to the above subsidy, in order to support my taking transit to work. By signing below, I am confirming my intent to continue using transit in order to qualify for the subsidy. I also understand that the subsidy is given on the honour system. I am not required to submit proof to qualify for the subsidy, but that I will provide proof of a monthly pass (not stored value) in case of audit.

I will notify the Commuter Centre by e-mail: bruce.lauridsen@vch.ca or bett.lauridsen@vch.ca or by fax to (604) 875-5743 if I will no longer be purchasing a monthly pass. The subsidy will then stop (or suspend in case of vacation). The minimum suspension is one calendar month.

Signature _____

Date _____

Please submit this form to bruce.lauridsen@vch.ca or by fax to (604) 875-5743