Human Resources to Complete:

Date Received: _____

Approved: Yes No

_____ Notified employee of approval (Remind employee to submit monthly receipt – email template)

_____ Notified Accounts Payable in Accounting of approval & provided a copy of the receipt.

_____ Added to tracking form.

Human Resources Approval Signature (Electronic Dynamic Stamp Required):

_____

PUBLIC TRANSPORTATION REIMBURSEMENT

Northwest UNIVERSITY

Public Transportation Benefit Policy:

In order to encourage the use of public transportation by Northwest University employees, the University will reimburse $50 per month for ORCA passes. In order to receive this reimbursement employees will show monthly proof of purchase to the Human Resources Department and sign an agreement to use the pass at least 3 days per week to commute to work. A direct deposit reimbursement of $50 will be sent to the employee's bank account during the next payment cycle.

Instructions:

1. Please complete this form and submit to HR along with your proof of purchase for the month of requested reimbursement **no later than the 5th of the month**.
2. Once approved, your reimbursement will electronically be deposited on the 15th of the same month (or the next business day) to the same account you use for Payroll's direct deposit. *Please note: this will be a separate deposit from your paycheck.
3. To receive the reimbursement benefit, you must submit proof of purchase each month. *Please read the "Acknowledgement" below for details.

Employee to Complete:

Employee Name: _____ Employee NU ID: _____

Department: _____ Month: _____

Home City: _____ Reimbursement Amount: _____

Bus Routing/Line Number(s) Used for Work Commute: _____

Acknowledgement:
By signing this form, I agree to use public transportation no less than 3 days per week to commute to work each month I apply for this reimbursement benefit. In the event I am unable to satisfy this requirement, I understand that I am no longer eligible for this benefit. I agree to provide monthly proof of purchase to the Human Resources Department no later than the 5th of the month and understand that if I do not, no reimbursement will be available to me for that month. Additionally, I understand and agree to provide in a timely manner any requested documentation of my public transit commute to work to confirm my 3 days per week. Any violation of this Acknowledgement or Policy may result in a forfeiture of future funds and possible reimbursement to the University.

Employee Signature (Electronic Dynamic Stamp Required):