



Participation Request

Select One: New Change Cancel

Omnitrans 31 day Bus Pass Options

Select One: Full Fare Pass Senior /Medicare Disabled Veteran

Please complete the form below

First Name	Last Name	Employee ID#	Date of Birth
Mailing Address		City	Zip Code
Department	Work Address	Work Phone	Interoffice Mail Code

Employee Authorization and Certification: I elect to participate in the County of San Bernardino Commuter Services Program. By providing my signature below, I certify that I have read and agree with the terms and conditions in the Mass Transit Pass Guidelines. I understand that:

- I authorize the County of San Bernardino to reduce my salary in the amount of the Mass Transit Pass Fare option selected above.
- Participation in the Mass Transit Program will be continued for the duration of employment, unless I submit a request for change or cancellation.
- Participation and changes thereof are subject to and will be processed in accordance with the Mass Transit Change/Payroll Deduction Schedule.
- Refunds will not be issued for bus busses that have been distributed.

Forms and supporting documentation (if applicable) may be submitted to HR – Commuter Services by interoffice mail, email, or fax via the contact information below.

Employee Print Name and Signature	Date

Human Resources Department
 EBSD-Commuter Services
 157 West Fifth Street, First Floor
 San Bernardino, CA 92415-0440
 IOM: HR Commuter Services 0440
 Email: hrcommuterservices@sbcountry.gov
 Fax: (909) 387-5566
 Phone: (909) 387-9640 or (909) 387-9639

Distribution: Original
HR-EBSD-Commuter Services (0440)