

**COMPENSATION REDUCTION AGREEMENT
FOR COMMUTER CHOICE PROGRAM**

PLEASE TYPE OR PRINT LEGIBLY (Illegible forms will be returned.)

(To Be Completed by the Employee)

Employee #: _____ Employee Name: _____ Agency: _____

CHOOSE ONE:

OSERS – Memorial Hall Parking

County-Owned Parking:

Memorial Hall JDC Day JDC Night

Commissioners' 1st Shift Commissioners' 2nd Shift Commissioners' 3rd Shift

For Parking passes, send to PFM office

I hereby certify that I have reviewed and understand the information about the Commuter Choice program. I understand that my compensation reported for tax purposes will be reduced in an amount equal to the cost of this fringe benefit. The money will be taken from the first pay of each month, and used to pay for the following month's pass (example – August deduction pays for September).

It is my responsibility to review my paycheck stub the first pay of every month to ensure the proper amount was deducted. In the event that the payment was not processed, I understand that I am personally responsible for paying Franklin County Public Facilities Management directly.

I understand that the reduction amount will be automatically adjusted in the event of a rate change. However, if I wish to change plans, I understand that I must execute a new Compensation Reduction Agreement.

I will use the benefit exclusively for my regular daily commute from home to work, and the return trip home. I will not give barter, exchange, convey or otherwise transfer this benefit to any other person. I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment, and possible prosecution for tax evasion.

This agreement will remain in effect until I provide 30-days' advance written notice of cancellation. I understand that no refunds will be made.

Signature: _____ Date: _____

Signature: _____ Date: _____

(To Be Completed by Franklin County Public Facilities Management for Parking Passes Only)

Monthly Pass Verified by: _____ Date: _____

Parking Pass #: _____