# G:\HUMAN_RESOURCES\Exams\Graphics\CityLogo.jpgCOMMUTER SUBSIDY BENEFIT REQUEST FORM

By submitting this form, you confirm you are a City of Berkeley Employee eligible to receive the $20 (or $80 for CSU only) monthly Subsidy for Mass Transit or Bicycle Travel. Payment of this subsidy ends with termination of your employment.

|  |  |
| --- | --- |
| FIRST NAME  |  |
| LAST NAME  |  |
| EMPLOYEE ID  |  |
| DATE OF REQUEST  |  |
| UNION |  |

# Return this form or ask questions at commutebenefits@cityofberkeley.info.