# 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.

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

# Return this form or ask questions at [commutebenefits@cityofberkeley.info](mailto:commutebenefits@cityofberkeley.info).