

**Salary Reduction Agreement Form
Commuter Benefit Program**

Human Resources Department
600 South 43rd Street
Philadelphia, PA 19104

Print Clearly

**Provide complete
information**

**Keep a copy for your
records**

Name:

Social Security:

Address:

Fill in either:

- **USP Pre-Tax Parking**
- **Transit Expense Account – Indicate a Per pay period fix dollar contribution amount**

Check the appropriate box selecting Pre-Tax Parking or Transit Expense Account.

I direct the University to reduce my basic salary for USP parking expenses on a pre-tax basis under

Pre-Tax Parking

Transit Expense Account

I direct the University to reduce my basic salary by \$ _____ per pay period (Maximum per period amount is \$48.46 or \$105 per month) to be directed to

Effective with respect to amounts earned on or after:

_____.

This Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues. However, the employee may terminate or modify salary reductions attributable to the Commuter Benefit Program by giving notice by the 20th of the month preceding the month in question.

I understand that this reduction will remain in effect until I notify the University in writing to change or discontinue this Agreement.

Employee signature

Date