



PROPASS ENROLLMENT

Section 1:

Name: (Please Print)	Employee#:	Dept ID:
Ministry/Entity:	Work Phone:	Email Address:

TERMS AND CONDITIONS OF THE PROPASS PROGRAM

1. I agree to participate according to the terms and conditions of the ProPASS program.
2. The bus pass payroll deduction starts at the next pay period after the date indicated on this form and continues for a minimum of one (1) year from the start date. The exceptions for earlier cancellation are: employee relocation or termination; or circumstances authorized by the payroll department such as: Maternity or Parental Leave, LTD (Long-term Disability) or WCB (Worker Compensation Board) Time Loss Claims. For reasons other than stated, I will reimburse the City of Kamloops for the difference between ProPASS cost and the cost of monthly bus passes for the time I was on the program.
3. I understand that the pass is continuous (no expiry date) and payroll deductions end when I hand in my ProPASS to my payroll department and complete an Exit Survey. If I do not hand in my pass, deductions will continue and I could be subject to legal action by BC Transit or the City of Kamloops.
4. ProPASS payroll deduction may be subject to changes in transit fares as determined by the City of Kamloops.
5. I understand that a lost, stolen or seized card is subject to a replacement fee.

I have read and understand the terms and conditions on this form.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Forward this form to your ProPASS Co-ordinator at;
TELUS Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton, BC, V8M 2A5

Section 2: ProPASS Co-ordinator:

Payroll deduction starts as of: dd ____ mm ____ yy ____	
Deductions per annum: 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input checked="" type="checkbox"/>	
Signature of ProPASS Co-ordinator _____	Date _____
Please print name _____	Phone # _____
<i>Please fax completed application to the City of Kamloops @ 250-828-7848</i>	

**For City
TCC Staff
Use Only:**

CLIENT NUMBER	<input type="text"/>	ISSUE DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DAY	MONTH	YEAR	

TCC Staff: Please send this form to "Transit" at Development and Engineering Services.

	PROPASS Program, City of Kamloops, 105 Seymour Street, Kamloops BC V2C 2C6 250-828-3605
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