Department of Personnel & Administration
ECOPass Program Participation Agreement
Calendar Year 2003

DPA

1. I am an employee of the Colorado Department of Personnel & Administration eligible to participate in the ECOPass program.

2. I understand the ECOPass is a benefit provided by the State to me and is not transferable to any other party.

3. Should I leave State employment I agree to surrender the ECOPass to my employer. If I fail to return the ECOPass to my employer, I agree to a payroll deduction equivalent to $85 a month for the remaining term of the ECOPass.

4. I realize I am responsible for the replacement cost of a lost or stolen ECOPass. RTD will replace a lost or stolen ECOPass for a $25.00 fee. Those stolen passes which have an accompanying police report will be charged only a $5.00 first time processing fee. If I lose my pass a second time, the fee is increased to $50.00 regardless of whether a police report is filed. A pass will not be reissued a third time. To obtain a replacement I MUST contact my Payroll Liaison or Department Payroll Officer.

5. My failure to comply with these rules may result in a personnel action against me.

6. I understand that by participating in this voluntary program that my reported salary to PERA will be reduced by the below dollar amount if I choose the deduction on the pretax basis. This may reduce my highest average salary calculation and therefore adversely affect my retirement pay, should I retire within three years of the effective date of this authorization.

7. I authorize my employer to deduct ☐ $27 (Denver work location) ☐ $3.50 (Lakewood work location) from my ☐ Monthly ☐ Bi-Weekly payroll effective January 1, 2003 through December 31, 2003.

8. I authorize this deduction on a ☐ Pre-Tax ☐ After-Tax basis.

I hereby acknowledge that I have read and understand the program rules, and agree to abide by such rules and have received ECOPass sticker #_____.

_____ _____ _____
Signature Date Social Security Number

_____
Division

It is my determination that _____ meets the criteria for
Employees Name (Print)
Eligibility to receive an ECOPass and is a qualified state employee.

_____ _____
Department Liaison or Department Payroll Officer Date