Department of Personnel & Administration
Eco Pass Program Participation Agreement
Calendar Year 2009

DPA

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

2. I understand the Eco Pass 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 Eco Pass to my employer. If I fail to return the Eco Pass to my employer, I agree to a payroll deduction equivalent to $95 a month for the remaining term of the Eco Pass.

4. I realize I am responsible for the replacement cost of a lost or stolen Eco Pass. RTD will replace a lost or stolen Eco Pass for a $25.00 fee. Those stolen passes which have an accompanying police report will be charged only $5.00 for a 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 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 $39 per month (Downtown Denver work location)

8. I authorize this deduction on a Pre-Tax _____ basis.
   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 Eco Pass sticker #_____.

_____ _____
Signature Date

_____
Division

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

_____ _____
Department Payroll Officer Date