

Vanpool Program Authorization / Cancellation

Effective _____, 20 ____, I hereby authorize the University of California to deduct \$ _____ each month from my Regents of the University employee paycheck as payment of my Vanpool membership (updated periodically to reflect ratio adjustments). I agree that neither The Regents of the University of California nor any officer or employee thereof shall be held liable for any error in withholding or transmitting payroll deductions. Nor will these parties be held liable in the event of insufficient earnings to cover all required and authorized deductions. Deductions will be processed in the order of priority assigned by the University. I understand that this authorization shall remain in effect until a cancellation form is submitted by me to the Commute Solutions Office. Any refunds will be issued by check. The prorated refund for partial months will be made according to the Transportation & Parking Services' policies at the time of the requested refund. I understand that the University may revoke this agreement at any time.

<input type="checkbox"/> New- full time / part time <div style="text-align: center;">○ ○</div> Effective: _____	<input type="checkbox"/> Change- full time / part time/ switch vans <div style="text-align: center;">○ ○ ○</div> Effective: _____	<input type="checkbox"/> Cancel Effective: _____
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Van #: _____ City _____

Name: _____ UCSD I.D. #: _____

Title code: _____ Phone ext: _____ Mail code: _____

Home address: _____

Home phone: _____ Cell phone: _____ E-mail: _____

Emergency contact: _____ Emergency phone: _____

License plate #'s _____, _____, _____

Staff <input type="checkbox"/>	Faculty <input type="checkbox"/>	Student <input type="checkbox"/>	Monthly pay <input type="checkbox"/>	Bi-weekly pay <input type="checkbox"/>
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Signature: _____ Date: _____

Office Use

___ T2 ___ LIST ___ PAY Five day trial period _____ to _____

Vanpool Coordinator: _____ Date: _____

Initial Payment \$: _____ For the period of _____ to _____ Check # _____

Refund Amount \$ _____ For the period of _____ to _____ Date Requested: _____