



Travel Pass Scheme Application & Agreement Form



Section A: Please print in BLOCK CAPS

Name:		Personnel No:	P
School / Unit:		e-mail:	
Tel Work:		Tel Mobile:	
Salary Paid:	Please tick one: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Employment Status:	Please tick one: Permanent <input type="checkbox"/> Indefinite Duration <input type="checkbox"/> Fixed Term <input type="checkbox"/>		

Section B: Please complete € amount, sign & date

I wish to sacrifice/forego €_____ of my annual basic salary in lieu of the provision of an annual travel pass by the University. I realise that this arrangement will operate for a period of one year, 3 months or 6 months depending on the length of my ticket.

I agree that, should my employment terminate for any reason prior to the expiry of this agreement, all outstanding monies will be recouped from my final salary/wage or from any other monies due to me. In the event of insufficient monies being available to meet repayment in full, I agree to personally reimburse University College Dublin.

Signed:

Date:

Return this form to: Compensation & Benefits, UCD HR, Roebuck Offices, Belfield, Dublin 4 or
scan & email it to: compensationandbenefits@ucd.ie