

Transportation Subsidy Application Form

Policy Number HRP-559

ORCA/Vanpool/Ship to Shore

I _____,

Print Name

Hereby authorize Northwest Kidney Centers to purchase one of the following passes on my behalf: ORCA/Vanpool/Parking/Ship to Shore.

I understand that NKC will subsidize the entire 100% of the cost for these passes if it is deemed necessary for work and approved by my management. If the type of pass that I use changes, I understand that NKC may have to re-approve the changes in these passes.

I can cancel this agreement at any time, and I will cancel this request within 30 days if I no longer meet the eligibility requirement of completing 50% of my commute trips for scheduled work days within a month using transit.

Clinic Location: _____

Type of Pass

- ☐ Puget Pass (ORCA) Indicate the trip fare value \$_____
- ☐ E-Purse (ORCA) Indicate the monthly value \$_____
- ☐ Vanpool
- ☐ Ship to Shore (Washington State Ferry)

Employee Signature

Date

Manager Signature

Date

Submit to: people@nwkidney.org

For HR Use:

Total Cost of monthly Pass: _____