Wesleyan University
Pre-tax Benefit Program for Wesleyan Faculty and Staff
Commuter Tax Benefit Payroll Deduction Authorization

Name:__________________________________Wes ID_______________________

As of February 2009, federal tax law allows commuters to set aside up to $230 per month to pay for transit and vanpool fares.

Enter fare amount for monthly commute:

  o  CTTransit Bus $___________

  o  Kelly Bus $___________

  o  DATTCO Bus $___________

  o  Collins Bus $___________

  o  Other Bus ____________________ $___________

  o  Easy Street® vanpool $___________

Effective _________________ I hereby authorize Wesleyan University to deduct $___________ from my (please circle): weekly/ semimonthly/ monthly wages on a pre-tax basis. Deductions will be taken in accordance with your pay schedule.

I will be using the benefit exclusively for my direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person. If I selected any of the above choices, the monthly benefit that I receive does not exceed my average monthly commuting cost based on a 20 day month commuting by public transportation or eligible vanpool.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.

Signed: ____________________________ Date:___________________

Department:_________________________ Phone Ext:_____________

Payroll Deduction
Cancellation Request

I hereby request cancellation of the Payroll Deduction authorization as stated above.

Signed: ____________________________ Date:___________________