



ALLEGHENY COUNTY PORT AUTHORITY EZ GOLD

CANCELLATION REQUEST



I, _____, Employee Number _____
(signature)

request that my current Zone _____ bus pass deduction be cancelled beginning the month of _____ thereby assuring that effective the month of _____ I will no longer receive a bus pass.

*Example: To cancel your bus pass for the month of May, you would need to have the Cancellation Request to us no later than March 10th. This would ensure that there would not be a deduction in the first pay of April thereby assuring you would not be issued a pass for May.

Employee Name _____

Department/Division _____

Work Location _____

Telephone Number _____

Email Address _____



This request must be received in our office no later than the 10th of the month two (2) months prior to requested cancellation.

Please forward this form for current processing to the Department of Human Resources, Room 102, County Office Building, Attention: Carol Walsh