



## OCTA U-Pass Request Form – STAFF/FACULTY

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Employee ID:</b>
<b>City/Zip:</b>	<b>Phone #:</b>
<b>E-mail:</b>	
<b>Status:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	

Chapman University will provide a subsidy covering the first \$30 of your monthly fares. The most you will be required to pay per month is \$39, as the maximum in monthly fares for staff/faculty is \$69. You are required to make an initial deposit of **\$45** and maintain a minimum balance of \$45 in your account each month as a cushion for your share of the fares. As we receive your ride details from OCTA, an email will be sent to you indicating the amount of your next pre-tax payroll deduction (or the amount you must deposit), which will bring your account balance back up to \$45. Your U-Pass card will be deactivated if your balance reaches \$0.00; however, you may obtain a new U-Pass card by paying the minimum of \$45.

### Payment Options:

- Pay Online**  
Use this Touchnet Marketplace online [payment link](#) for OCTA/Metro payments. A receipt will be sent to Human Resources automatically.
- Cash, Check or Credit Card (Cashier's Office)**  
You may elect to pay by cash, check or credit card at the Cashier's Office in Bhathal Hall. (Note: There is a \$25.00 return check fee.) Proof of payment must be received by Human Resources in order to receive your pass.
- Pre-Tax Payroll Deduction**  
I authorize Chapman University's Payroll Office to deduct the cost of my monthly U-Pass rides over \$30, on a pre-tax basis, from my payroll check.

U-Pass cards are valid for one year. Improper use of this card will result in revocation. If your card is lost or stolen, please contact the Human Resources Department immediately at 714-997-6686 or [hroffice@chapman.edu](mailto:hroffice@chapman.edu).

*By placing my signature below, I am stating that I have read, understand, and agree to all of the above. If I fail to report a lost or stolen card, I realize that I am responsible for the cost of rides accumulated on my card. I certify that the above information is true and correct.*

\_\_\_\_\_ Signature \_\_\_\_\_ Date

FOR OFFICE USE ONLY			
Approved by: _____	Date: _____	<input type="checkbox"/> S-50% \$ _____	<input type="checkbox"/> FP
_____ Pre-Tax (675)	_____ After Tax (945)	_____ Approved	_____ PR

