

UNIVERSITY OF HAWAI'I
PRE-TAX BUS PASS PILOT PROGRAM

CANCELLATION FORM

This cancellation form must be completed in its entirety and received by the Personnel Officer by the designated due date on the University of Hawai'i Pre-Tax Bus Pass Pilot Program Processing Schedule.

Employee Name: _____
(Please Print)

UH User No.: _____

Dept./Division: _____

Work Phone No.: _____

E-mail Address: _____

CANCELLATION OF PAYROLL DEDUCTION

I hereby authorize the University to cancel my payroll deduction in the amount of \$40.00 per month from the Pre-Tax Bus Pass Pilot Program ("Program"). I acknowledge that this cancellation form must be received by the Personnel Officer by the designated due date prior to the effective date of the bus pass cancellation.

I understand that once I cancel from the Program, I will not be eligible to re-enroll during the plan year.

Requested Effective Date of Bus Pass Cancellation: _____

Employee Signature

Date

<p><u>This section to be completed by the Personnel Officer</u></p> <p>Date Received: _____</p> <p>Approved Effective Date of Cancellation: _____</p> <p>Date of Input: _____</p>
