

TriMet Monthly Pass Agreement Form

Employee Name (Please Print) _____

Hop Pass card # _____

As a current employee of University of Western States, I accept this Hop Pass card with the following understanding:

1. I am a qualified employee of University of Western States (UWS). I will not register or use a car to commute to UWS if receiving a monthly pass. Parking and Transportation shall determine my eligibility to receive TriMet monthly passes. **I will use public transit as my primary mode of transportation and will bring a car to campus no more than 3 times a month using a daily parking pass.**
2. This Hop Pass card is for my use only, as an employee of University of Western States. The card cannot be sold to or used by anyone else under any circumstances. If someone other than me is found using this pass on TriMet, that person may be subject to a fine. Furthermore, I understand I may be subject to disciplinary action, up to and including paying the cost of the pass, prohibited from receiving bus passes or tickets in the future, and corrective action.
3. I agree that I am responsible for understanding and complying with TriMet rules and regulations which may be found at trimet.org
4. In the event that University of Western States or TriMet reasonably believes that a University of Western States employee has duplicated, altered, or otherwise used the card in a manner not authorized by TriMet and the University of Western States, I acknowledge that UWS or TriMet will conduct a reasonable investigation. If TriMet or UWS determines that misuse occurred, the employee may be asked to return their card.
5. This card is the property of University of Western States. I agree to return it to Parking and Transportation employee if I no longer need the card for any reason.
6. I agree to contact Parking and Transportation at parking@uws.edu if my card is lost or stolen. I understand that there will be a replacement fee to obtain a new Hop Pass card.
7. **If I change my commute method during the month and will register a car, I agree to pay the prorated, remaining cost of the monthly pass.**
8. By signing below, I verify my full understanding and compliance with all of the above and give permission to UWS to share my name with TriMet for valid business purposes only.

Signature _____

Date _____