

**UTHealth Mobility Program
ACKNOWLEDGEMENT OF OBLIGATION**

Participation in the UTHealth Mobility Program is governed by the following policies. All participants must agree to abide by these policies in their use of METRO, Woodlands Express, Fort Bend Express and METRO Star Van Pools, referred to herein as "Mobility Options." The Mobility Program follows provisions of the Internal Revenue Code for Qualified Transportation Benefits.

PAYROLL DEDUCTION PROCESSING

UTHealth processes advance, pre-tax payroll deductions each pay period (on the 16th and 1st day of the month for semi-monthly or as scheduled for bi-weekly) to put toward participants' eligible commuting expenses. The value of each participant's deduction is added to the participant's METRO Q Fare Card or is used to purchase the participant tickets for the Woodlands Express or Fort Bend County Express.

Payroll deductions for the Mobility Program are made one full month in advance. That is, payroll deductions taken in one month (for example, April) are applied to eligible commuting expenses in the following month (May).

Example (semi-monthly):	<u>Pay Period</u>	<u>Pay Day</u>	<u>Pay Check Deduction</u>
	4/1 - 4/15	4/16	\$25.00
	4/16-4/30	5/1	\$25.00

Without subsidy: The total monthly deduction will be loaded to the participant's METRO Q Fare Card or converted to ticket books (for Woodlands or Fort Bend Express) to be distributed the last day of the month for the following month (April 30 for May).

With subsidy, if eligible: The total monthly deduction amount plus subsidy will be loaded to the participants' METRO Q Fare Card or converted to ticket books (for Woodlands or Fort Bend Express) to be distributed the last day of the month for the following month (April 30 for May).

METRO Q Fare Cards are loaded via an online process during the last couple of days each month by the Mobility Program Coordinator. An e-mail will be sent to participants notifying them when the process is complete.

Woodlands Express or Fort Bend Express ticket books will be distributed to participants at a location designated by the Mobility Program Coordinator the last couple of days each month. An e-mail will be sent to participants notifying them when the tickets are available to be picked up.

Van Pool subsidies will be paid directly to METRO upon receiving an invoice for those participants riding the van as designated in the eligibility requirements for the program.

**** Please note that no refunds will be made for unused tickets or remaining value on METRO Q Fare Cards. **
Participants who discontinue the program may keep their remaining tickets or METRO Q Fare Card for future personal use.**

ELIGIBILITY REQUIREMENTS

- Participants must be full-time employees of UTHealth (1.0 Full Time Employee/FTE).
- Participants must commute round trip from home to work and from work to home using the selected Mobility Option at least 4 days per week (minimum of 16 days each month). Failure to meet the minimum number of days of commuting in a given month due to approved leave will be considered on a case-by-case basis.
- Participants must not have a parking contract with UTHealth or other parking facilities within the TMC, which includes parking at a daily or monthly rate at the METRO Fannin South Transit Center. NOTE: The only exception would be a van pool driver who may have contracted parking.

It is the participant's obligation to notify the Mobility Program Coordinator of any change that may affect the participant's eligibility. A participant will be dropped from the program if he or she separates from UTHealth, changes from full-time to part-time status, or, subject to an approved exception, does not utilize the selected Mobility Option for the required number of days per month. In some cases of approved extended leave, a participant may be permitted to remain in the program but subsidies and/or payroll deductions will be temporarily suspended.

If a violation of eligibility is found, the participant can be immediately dropped from the program. **(Please note that METRO provides monthly usage reports which includes the amount of days used.)**

*****Please remember that the Mobility Program is for transportation from home to work and back. The Mobility Program is not for occasional use or for those who use METRORail strictly for transportation during the work day. *****

PARTICIPANT ACKNOWLEDGEMENT

As a participant, I acknowledge the above stated policies for the UTHealth Mobility Program and agree to abide by them.

I understand that any misuse of the Mobility Options under the Mobility Program may result in the cancellation of my participation in the program. I understand that I may be subject to disciplinary action, up to and including termination of employment. I also understand that this signed agreement becomes legally binding and may become part of my personnel file.

MOBILITY PROGRAM PARTICIPANT

Signature: _____

Printed Name: _____

Date: _____

UTHealth Inter-Institutional Mailing Address: _____

Email: _____

Phone: _____

Please send this completed form to the attention of Diane Collard, Mobility Program Coordinator, to either:

FAX: 713-500-8409

E-mail: Diane.E.Cupples@uth.tmc.edu

Inter-institutional mail: REC 116

3/2017