

City College of San Francisco

SEIU Local 1021 Transit Reimbursement Form

Guidelines For Transit Reimbursement Process

(Subject to change, please review Union & CCSF agreement)

Eligibility: SEIU Local 1021 represented employees who are enrolled in the District's Commuter Benefits Program (such as HealthEquity/WageWorks). Eligible employees may receive up to \$200 per month reimbursement, not to exceed \$900 per fiscal year, subject to available funds.

Reimbursements:

Eligible employees may receive Transit reimbursements for a maximum of \$200 per month, with a maximum of \$900 per fiscal year.

Transit reimbursements do not affect your payroll taxes, deductions, or your W2 totals.

Documentation:

Eligible employee may receive Transit reimbursement as long as:

1. You submit the pay stub or order history from the provider;
2. Documentation submitted MUST be clear and include:
 - a. Employee Name
 - b. Transit deduction amount
 - c. Reimbursement Period (applicable month)

Processing:

Submit or email (employeerelations@ccsf.edu) documentation to:

CCSF-HR: General Services
50 Frida Kahlo Way, Bungalow 702
San Francisco, CA 94112

1. If approved, reimbursements will be paid within two pay periods. Payments will be reflected on your paystub;
2. If request is missing information and/or denied, Human Resources will notify you.

Transit Reimbursement Program begins in fiscal year 2024/2025.

Eligible employees shall submit reimbursement requests on a monthly basis for each fiscal year. For the ending fiscal year, employees shall submit reimbursement no later than June 30th.

SEIU Local 1021 Transit Cost Reimbursement Form

Please complete this form and attach paystub or order history.

Employee's Information				
CCSF ID	Last Name	First Name	Phone Number	Campus Mailbox
Home Address		City	State	Zip

Eligible: SEIU Local 1021 represented employees that are enrolled in the District’s Commuter Benefits Program (such as HealthEquity/WageWorks). All reimbursement requests must be submitted on a monthly basis.

*To receive reimbursement, employee must be enrolled in the Commuter Benefits Program (such as HealthEquity/WageWorks) with CCSF. Eligible employees shall be reimbursed up to a maximum of \$900 per fiscal year, not to exceed \$200 per month, subject to available funds.

Date	Benefits Program	Payment Amount
		\$
		\$
		\$
Total		\$

I certify to the employer that the expenses above are accurate to the best of my knowledge.

Signature: _____ Date: _____

CCSF Use Only

Pending:	Denied:
<input type="checkbox"/> Need copy of receipt	<input type="checkbox"/> Not an enrolled in program
<input type="checkbox"/> Information	<input type="checkbox"/> No Current Payment
<input type="checkbox"/> Employee name not on receipt	<input type="checkbox"/> Not eligible
<input type="checkbox"/> Missing your signature	<input type="checkbox"/> Unrepresented