

## PROCEDURE FOR OBTAINING A PSTA DEPENDENT BUS PASS

If you have dependents, a spouse, domestic partner, children, etc., residing with you, they can enjoy unlimited PSTA bus usage after obtaining a Dependent Bus Pass ID Card.

Here are the steps for obtaining a PSTA Dependent Bus Pass ID Card:

1. You must have completed your probationary period (6 months) before you can apply for a dependent pass.
2. Dependent passes are issued at the Uniform Window in the Operations Building.
3. Application forms are available in the following locations:
  - a. Drivers' Room Schedule Rack
  - b. Maintenance Supervisors' Offices
  - c. HR Department
  - d. Uniform Window
4. Applications, including supporting documentation, must be submitted at the Uniform Window. Supporting documentation (marriage license, birth certificate, photo ID, etc.) must be submitted for each dependent.
5. Employee must complete and sign the application and must accompany the dependent(s).
6. Dependent passes will be terminated if the dependent no longer resides with the employee.
7. Upon termination of employment, all dependent passes must be returned to PSTA prior to issuance of any final payouts. If the passes are not returned, **\$70 per dependent pass** will be deducted from any final payouts.

# APPLICATION FOR PSTA DEPENDENT BUS PASS ID CARD

**NOTE: Hours for photos are 8:00 am – Noon and 1:00 pm to 4:00 pm,  
Monday – Friday excluding holidays**

Employee must accompany their dependents. Please bring your supporting documentation (marriage license, birth certificate, photo ID) including proof of address.

Employee Name \_\_\_\_\_ ID# \_\_\_\_\_

**Dependent Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ ID Badge #: \_\_\_\_\_

**Dependent Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ ID Badge #: \_\_\_\_\_

**Dependent Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ ID Badge #: \_\_\_\_\_

**Dependent Name:** \_\_\_\_\_

Relationship \_\_\_\_\_ ID Badge #: \_\_\_\_\_

I, \_\_\_\_\_ (employee), attest that all of the dependents listed above are legal dependents that reside with me and fully understand that falsification of this document could result in disciplinary action up to and including termination.

\_\_\_\_\_  
(Signature of employee) Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_