TD Late Shift Request

The Transportation Disadvantaged (TD) Late Shift service is open to currently enrolled TD-eligible individuals who have a job (or other life-sustaining trips) which starts or ends overnight when no PSTA bus nor other transportation is available to the individual for that trip.

The TD Late Shift service provides up to 25 trips per month between 10 pm – 6 am any day of the week between pre-approved addresses on Uber, United Taxi (first $20/trip), or Care Ride

TD Late Shift Customer Rules:

- Maximum 2 trips per overnight (between 10 pm – 6 am)
- Only pre-approved home and work addresses in Pinellas County: if new address, must inform PSTA prior to use.
- Uber users can only request UberX
- No: Tipping, late cancelling, driver waiting, added stops, unapproved address, letting others use your PSTA account
- Any unapproved trip or fee must be immediately paid back to PSTA
- If you have a ride available you must take that ride instead of this service (your own car, ride from family, bus available)
- Trips are only for you, going to or from your work shift; work errands and personal trips cannot be taken on PSTA's account.
- If your household income increases, you must notify PSTA immediately
- TD Late Shift users must buy the TD Monthly and the Late Shift fare each calendar month to remain eligible.

I hereby agree to follow the terms and Rules for the TD Late Shift service as described above. I understand that failure to do so will result in suspension from this service.

Signature: _____ **Date:** _____

INCLUDE 2 PAYSTUBS FROM THE PAST 60 DAYS FOR YOUR JOB REQUIRING YOU TO USE THE LATE SHIFT SERVICE. IF IT'S A NEW JOB INCLUDE OTHER PROOF OF EMPLOYMENT.

TURN THIS PAGE OVER TO COMPLETE THIS FORM, THEN RETURN IT TO A PSTA CUSTOMER SERVICE CENTER, FAX TO 727-540-1923, OR E-MAIL TD@PSTA.NET.

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Name: _____ Birthdate: _____

Address: _____ City: _____

Zip Code: _____ Cell Phone: _____

E-mail Address (for PSTA & Uber): _____

Can you open this e-mail on your phone? (____Yes) (____No) (____Unsure)

Could you use Uber app on your phone? (____Yes) (____No) (____Unsure)

Employer: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Report-to-Work Address: _____

City & Zip Code: _____ $_____/Hour

Start Time: _____ End Time: _____

Second Employer: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Report-to-Work Address: _____

City & Zip Code: _____ $_____/Hour

Start Time: _____ End Time: _____

RETURN THIS COMPLETED FORM WITH EMPLOYER LETTER STATING WORK HOURS/SHIFT TO PSTA