

“Cycle-to-Work”

UCC Employer Bicycle Scheme



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Salary Deduction Authorisation

I hereby authorise a salary sacrifice of € _____, _____ of my annual basic salary in lieu of the provision of a new bicycle/related bicycle safety equipment by my employer, University College Cork.

I realise that this arrangement will operate for a period of _____ months / weeks (max. one year) and that the salary sacrifice will be reflected in my pay-cheques and pay-slips over that period.

In case my employment terminates prior to the expiry of the deduction agreement, I agree that the outstanding Employer Bicycle Scheme debt will be deducted from my final salary/wage or any other monies due. In the event of insufficient monies being available to meet the debt in full, I will personally reimburse the University.

I declare that the bicycle/related bicycle safety equipment supplied under this scheme is for my personal use and will be used primarily for qualifying journeys i.e. journeys to or from work and/or between places of work and that such use is subject to any rules or conditions that are in force concerning the operation and use of the equipment.

I understand that I should use the bicycle in line with all rules and regulations as set out by the Road Safety Authority (RSA) and make use of proper bicycle safety equipment at all times.

(Please see RSA Website <http://www.rulesoftheroad.ie/rules-for-pedestrians-cyclists-motorcyclists/cyclists/index.html>)

I have read and I agree to the UCC Employer Bicycle Scheme Conditions and Procedures together with Department of Finance circular 16/2009.

Please write in BLOCK letters

Name: _____

Signature / Date:

UCC Department: _____

Staff No. (as on payslip): _____

Invoice amount: € _____, _____

Excess amount

paid to UCC by cheque € _____, _____ >> signed (UCC HR) _____

Goods received on [date] ____ / ____ / ____ >> signed (Employee) _____

Duration of Pay-Back period _____ Months / Weeks UCC HR (Date / Stamp / Signature):

Start of Salary Deduction

(Month/YY) (Week/YY) _____ / _____