Cycle to Work

UCC Employer Bicycle Scheme



Application Form

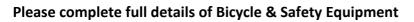
Please type or write in **BLOCK CAPITAL** letters

Email to: i.sheehan@ucc.ie

Commuter Planning Office, 3 Carrigside, College Road, Cork.

Name	Staff Number:				
Department / Centre / Unit	Office phone				
UCC e-mail address	Mobile phone number				
Employment Status □ Permanent □ Fixed Ter Salary payment □ Monthly □ Weekly	Expiry Date of				
	Employee Signature & Date				
Bicycles can only be purchased from UCC's approved Some of bike shop:					
For Administrative use only					
Employment status checked:	□ OK				
Approval from HR:	Expected available net salary will suffice to cover the monthly / weekly payback amount.				
Purchase Order created:	weekiy раураск атойн.				
Invoice submitted:	☐ YES ☐ NO [denied]				
Name to Payroll:					
Spreadsheet updated:	HR Approval, Signature / Date				

Quotation





Cycling Equipment	Description	Price incl. of VAT
Bicycle: □ regular □ electric □ cargo	Make & Model	
Lights including dynamo Pack - compulsory, if not provided on bicycle		
Cycle helmet Must conform to European Standard EN 1078		
Locks and chains		
Cycle clips and dress guards		
Pumps, puncture repair kits, cycle tool kits and tyre sealant		
Mirrors and mudguards		
Reflective clothing, high viz jacket and spoke reflectors		
Panniers, luggage carriers, straps, etc.		
Bells or bulb horn		
	TOTAL	

Salary Deduction Authorisation



I hereby au	thorize a salary	deductio	n of €_		[max. €	1250 / €1	500 / €	3000] of i	my annເ	ıal basi	c salary
in lieu of th	ne provision of a	new bic	ycle/rel	ated bi	cycle sa	ifety equi	pment	by my er	nployer,	UCC.	A Tax-
Exempt ber	efit-in-kind may	-			-	-	-	-			
tax years.	https://www.rev	enue.ie/en	<u>/jobs-an</u>	d-pensio	ns/taxat	ion-of-emp	<u>loyer-b</u>	enefits/cyc	<u>le-to-wo</u>	rk-sche	me.aspx
I realise tha	t this arrangeme	ent will o	perate	for a pe	riod of	mo	nths /	weeks (m	ax. one	year) a	nd that
the salary	sacrifice will	be ref	flected	in m	y pay	cheques	and	pay-slips	over	that	period.
	employment to		-			-	-	_		_	
	g Employer Bicyc					-		-	-		
	event of insuffi	cient mo	nies be	ing ava	ilable t	meet th	e debt	in full, I	commit	to pe	rsonally
reimburse t	he University.										
I declare th	at the bicycle/re	elated bio	cycle sat	fetv ear	ıinmen [.]	supplied	under	this sche	me is fo	r mv n	ersonal
	be used primar		-		-						
	d that such use i			-		•					•
	the equipment.	3 Jubject	to arry	Tuics 0	Condi	ions that	are iii	TOTCC COIT	cerring	тис ор	cration
and asc or	ine equipment.										
I understan	d that I should u	se the bi	cycle in	line wit	h all rul	es and re	gulatio	ns as set o	out by th	ne Road	d Safety
Authority (RSA) and make i	use of pr	oper bi	cycle s	afety ed	uipment	at all t	imes. <u>(Ple</u>	ease see	RSA V	<u> Vebsite</u>
http://www.	rulesoftheroad.ie,	<u>/rules-for-</u>	pedestri	ans-cyc	ists-mot	orcyclists/	cyclists	/index.htm	<u>1</u>)		
I have read	l and I agree to	the LICC	` Emplo	ver Ric	ıcla Sch	ama Con	ditions	and Proc	aduras	togeth	er with
	t of Finance Circ		-	yer bic	reie Jei	cinc con	artions	and rioc	caures	togeth	CI WICH
Departmen	t of finance circ	ulai 10/2	.005.								
	Mana										
	Name:	_					_				
	Department:										
	Department.	_					_				
	Staff No:										
	Stall NO.	_					_				
	Signature:						Da	te:			
	2.0	_					_ 50				_

Queries: UCC Building & Estates, Commuter Plan Office: 021 490-2469 or mobile: 089 472-3181.

 $\textbf{Applications can be sent} \ via \ email \ to: \ \underline{i.sheehan@ucc.ie}$

Or by internal post to: Imelda Sheehan, Buildings & Estates, No. 3 Carrigside, College Road, Cork.