

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Application for a Loan to Purchase an Annual Season Ticket for Travel

Full Name _____
Home Address _____
_____ Post Code _____
Department _____
Workbase _____ Phone Number _____
Post Held _____ Payroll Number _____
Date Commenced _____ Weekly/Monthly paid _____

Details of Ticket to be purchased:

Cost £ _____
Period From _____ To _____
Destination From _____ To _____

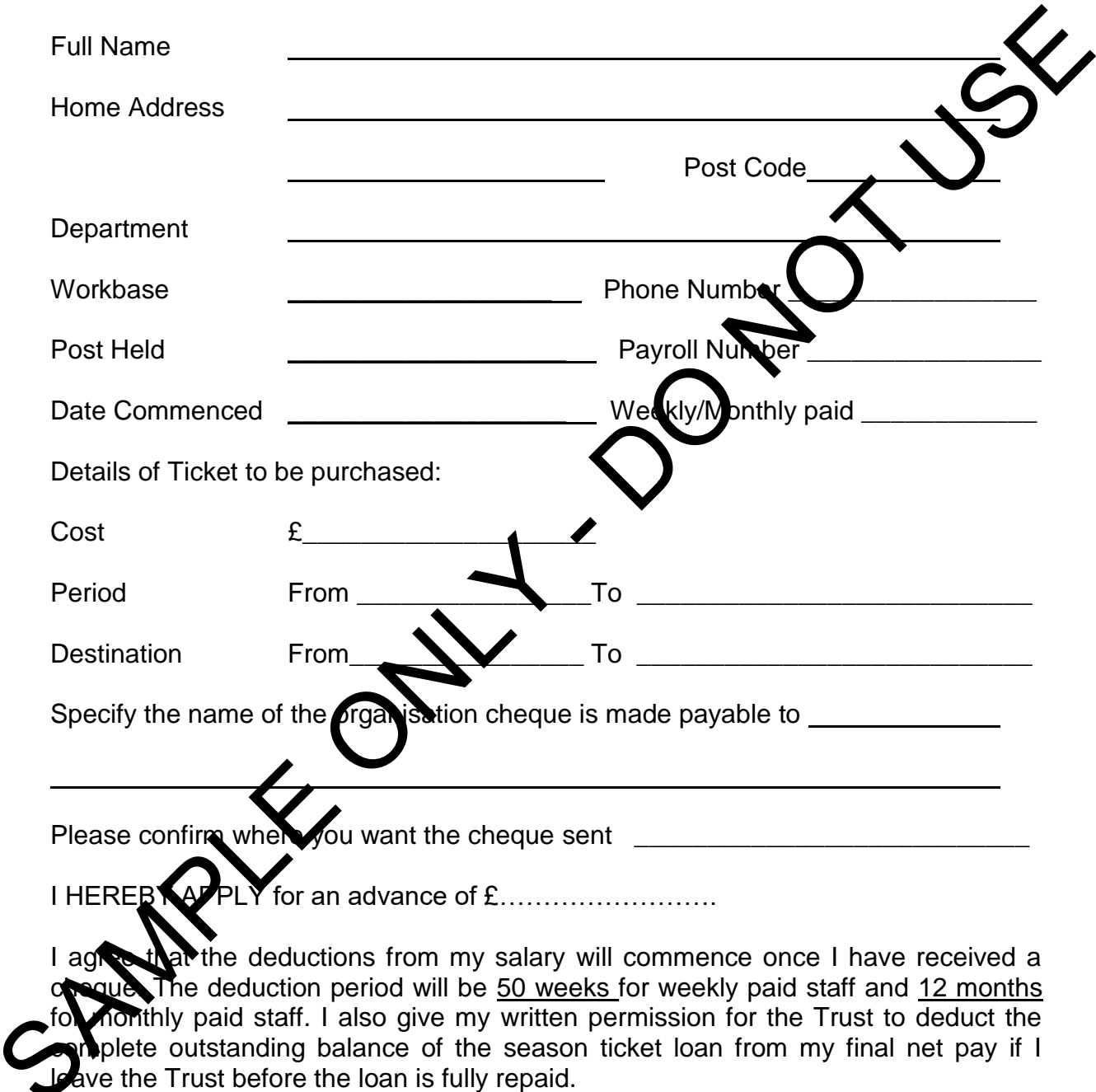
Specify the name of the organisation cheque is made payable to _____

Please confirm when you want the cheque sent _____

I HEREBY APPLY for an advance of £.....

I agree that the deductions from my salary will commence once I have received a cheque. The deduction period will be 50 weeks for weekly paid staff and 12 months for monthly paid staff. I also give my written permission for the Trust to deduct the complete outstanding balance of the season ticket loan from my final net pay if I leave the Trust before the loan is fully repaid.

Applicant Signature _____ **Date** _____



To be completed by Applicant's Line Manager:

I confirm that I approve this application and certify that the above details are to the best of my knowledge and belief correct.

Manager Signature _____ **Print Name:**_____.

Job Title _____ **Date** _____

DECLARATION

All employees who receive an advance towards the purchase of an Annual Season Ticket are obliged to sign below to signify their understanding and acceptance of the supplementary condition below.

I certify that the above statements are correct and that the season ticket is being purchased from a recognised public transport operator and is for travel to my work base.

Should the employee surrender the season ticket, secure a refund and fail to remit the refund (in full) to the organisation via the Trust within 21 days of receipt of the refund or use the loan for any other purpose other than to purchase a season ticket, this act shall be defined as a Gross Misconduct Offence under the Trust's Disciplinary Procedures. Such an offence will normally warrant Summary Dismissal.

Applicant Signature _____ Date _____

Finance Signature _____ Date _____

Finance Name _____

Completed application to be sent to : Financial Accounts

SAMPLE ONLY - DO NOT USE