



TD Late Shift Request

You may be eligible for the Transportation Disadvantaged (TD) Late Shift if you are currently TD-eligible with a job (or other life-sustaining trips) which start or end from 10 pm – 6 am when no PSTA bus nor ride is available.

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, or Care Ride. **If approved, you must pay the \$9 co pay for the service every month. Failure to do so will result in removal of the program.**

TD Late Shift Customer Rules:

- Maximum 2 trips per night (between 10 pm – 6 am)
- Only pre-approved home and work addresses in Pinellas County: if home or work address changes, 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: car, ride from others, bus available
- Trips are for getting to or from your work shift, not for work errands and personal trips.
- If your household income increases, you must notify PSTA immediately
- Must buy the TD Monthly bus pass 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:** _____

I am currently: (____in the TD Late Shift)(____applying for TD Late Shift)

TURN THIS PAGE OVER TO COMPLETE THIS FORM, INCLUDE PROOF OF EMPLOYMENT, THEN RETURN IT TO A PSTA CUSTOMER SERVICE CENTER, FAX TO 727-540-1923, OR E-MAIL TD@PSTA.NET. YOU WILL BE CALLED WHEN FUNDING IS AVAILABLE FOR YOU TO BEGIN USING LATE SHIFT.

TD Late Shift Request (continued)

Name: _____ Birthdate: _____

Address: _____ City: _____

Zip Code: _____ Cell Phone: _____

E-mail used by 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: _____

If you have a second job which also starts or ends from 10 pm – 6 am, complete this information on a separate page and include it with this form.

INCLUDE 2 PAY STUBS FROM THE PAST 60 DAYS FOR YOUR JOB REQUIRING YOU TO USE THE LATE SHIFT SERVICE. IF IT IS A NEW JOB, INCLUDE OTHER PROOF OF EMPLOYMENT SUCH AS A JOB OFFER/BOSS' LETTER STATING YOUR EMPLOYER, WORK ADDRESS, EXPECTED HOURS OF WORK, PAY RATE, SIGNED AND DATED ON COMPANY LETTERHEAD.

RETURN THIS COMPLETED FORM WITH PROOF OF EMPLOYMENT TO TD@PSTA.NET, FAX 727-540-1923, OR DROP-OFF TO PSTA.