

Application for: **SECOND YEAR PERSONAL COMPUTER CONTRIBUTION**

Name: _____ Enumber: _____

Address: _____ Branch: _____ Branch: _____ Transit: _____

PC Purchase amount: \$ _____

Amount eligible for ATB Contribution: \$ _____ (completed by HR)

ATB's initial contribution @ 10% \$ _____ (completed by HR)

Associate Signature Membership Number Date

NOTE: Attach copies of invoice(s) detailing items purchased. Members are to ensure that they request detailed invoices from the vendor at the time of purchase. All hardware and software purchased must be broken down to show costs relevant to each component or service purchased. Payment will be applied to members regular pay. Send to TRANSIT #420.

TO BE COMPLETED BY INTERBRANCH EMPLOYEE CLUB EXECUTIVE:

Membership confirmed:
 Yes NO

IEC Signature Date

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT ONLY

SCREEN 60-D O E CHANGES (RK)

EARNING/DEDUCTION	DOE	OMPT	AMT/PCT/TABLE	LIMIT/DATE/CD
PC PLAN REBATE SET UP	CR	100		

SCREEN 32 (ZT)

EFF DATE: _____

#	SCREEN 32	CD	REG HR (5)	RATE (7)	OTHER (5)	RATE (7)	CD	DO	EXTD DIST
1	PC PLAN REBATE	RI	BLANK				CR		

Prep: _____ Check: _____ Input: _____ Auth: _____ PP: _____