



METRO - Transit Card Request Form

Complete this form with all the requested information. Sign and email the completed form to TriHealthHRBC@TriHealth.com. Providing accurate information expedites the request.

Applicant Information

Full Name: _____ Employee ID: _____

Email Address: _____

Job Title: _____ Department: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Secondary Phone: _____

Transportation Information

Do you currently ride public transportation to/from work? YES NO

If yes, which routes do your currently access to get to/from work?

If no, would you like to receive information about routes to/from work? YES NO

Applicant Signature: _____ Date: _____

Please email all applications to TriHealthHRBC@TriHealth.com or fax to 513 852 3866.

Approved applications will receive their annual Metro pass the following month from the approved application date. Quantity is limited and not all applicants are guaranteed approval.

HR USE ONLY:

Approved Denied

Reviewed By: _____

Finalized Date: _____

Signature: _____