

FACULTY& STAFF RAM RUSH REQUEST FORM

<u>INSTRUCTIONS:</u> Please complete the following form (sections A, B, C, and D). To continue the RAM RUSH Transportation service from semester-to-semester, you must renew this form request at the beginning of each semester. RAM RUSH will not be activated until the transportation fee is paid in full and an updated request form is on file. Return forms to ramsund-wave-new-to-semester, you must renew this form request at the beginning of each semester. RAM RUSH will not be activated until the transportation fee is paid in full and an updated request form is on file. Return forms to ramsund-wave-new-to-semester. For further information, please contact the Auxiliary Services Coordinator at 229-500-2883. *NOTE: All RAM RUSH Transportation fees are non-refundable.

<u>A</u>	Employee Information : To be completed by Employee							
Employee's Name:				Employee 900#:				
<u>B</u>								
Building/Office #: Office Phone Number:			ber:		Cell Phone Number:			
ASU Email Address:								
<u>C</u> Employee Status: To be completed by Employee								
☐ Part-Time Faculty ☐ Full-Time Faculty				☐ Part-Time Staff ☐ Full-Time Staff				
Payment Method: To be completed by Employee If payroll deduction is chosen, a maximum of three (3) payroll deductions will occur to ensure the transportation fee is paid in full.								
	□ Cash	☐ Credit		Check				
<u>E</u>	RAM RUSH Participation Acknowledgement: To be completed by Employee							
understand that I must renew my RAM RUSH Transportation request at the beginning of each semester in order to continue the RAM RUSH Transportation service. If my request is not renewed at the beginning of any given semester, I understand that I will not have access to the RAM RUSH service until I submit a new request form and pay the \$35 transportation fee in full. *RAM RUSH transportation fees are non-refundable. The fee is per semester.								
Employee Signature: Prin			Prin	nt Name:			Date:	
F Payroll: To be completed by Payroll Administrator								
☐ Accepted for payroll deduction								
Print Name:				Title:				
Signature:				Date:				
G Auxiliary Services ONLY: To be completed by Auxiliary Administrator								
Charged to Banner Account: Date:				Charged by:				
Application/Request Status:				☐ Pending Payment				
Auxiliary Services Title:								
Print Name:								
Auxiliary Services Signature:						Date:		