



**APPLICATION FORM for Inter-Site Metro Bus Pass – 272/271/270 Services**

<b>Personal Details – to be completed by the employee</b>					
Title:		Forename(s):		Surname:	
Assignment (payroll) number:		Job title:		Department internal address:	
BSUH e-mail address:					
Residential Address and Postal Code <b>MANDATORY</b>		Main place of work:		RSCH/ RACH/ PRH/ HPNC/ PCBC OTHER – please specify one place	
Work extension:		Mobile number:			

**Line Manager Authorisation**

I confirm that ..... uses the Metro 272/271/270 service for inter-site travel only and should therefore be exempt from the annual charge.

I also confirm that ..... travels across the two sites for work purposes only ..... days per month.

Signed ..... Date .....

Name and **job title** of Line Manager in block capitals .....

**I agree that if I leave BSUH I will return my bus pass to the Transport Office at the Royal Sussex County Hospital.**

To be completed by applicant

to be completed by the Transport Bureau

**SIGNATURE** ..... **Approved** (by Transport Bureau) .....

**Date** ..... **Date** .....  
On behalf of the BSUH NHS Trust