

**Queen’s University Belfast - Travel+**

**Salary Sacrifice Agreement**

Full Name (employee)

Staff Number

School / Directorate

Home Address

Postcode

Contact No.

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel+ Card Supplier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*This figure will be shown on your application form as **Annual Bus Travel Price** – price before tax saving

Travel Card Cost\* £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby confirm that in accordance with the agreement to vary the terms and conditions of my employment of which this confirmation forms part, I will cease to be entitled to my original salary for the 12 month period that covers payment of the Travel Card. I will receive an adjusted salary and will receive a Travel Card with a value equal to the amount indicated above.

**Signed:**

**Employee (Print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On behalf of Queen’s University Belfast:**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_Travel Plan Co-ordinator\_\_\_\_\_

(**Please return this acceptance form with your completed application form to the Estates Directorate).**