

Maynooth University Cycle to Work Scheme Application & Agreement Form

Please ensure that you have made yourself familiar with the details of the scheme in advance of completing this application form

Name:	
Staff Number:	
Department:	
E-mail Address:	
Bicycle Supplier:	
(Please choose from the approve https://taxfreebicycles.com/public	ed supplier list, on the Tax-Free Bicycles website at: c/cycle_shops.php)
Pay back option:	
	period of 12 months or a shorter term in the case of a temporary t is due to expire in less than 12 months, in which case deductions will rent contract term.
amount to be deducted from my	yment with Maynooth University, I give permission for the appropriate final payment. In the event that there are insufficient funds available, I burse the University the outstanding balance owed via Bank Transfer
I have read and I agree to the o	conditions attached:
Signed:	Date:

Please return this form together with the additional documentation outlined above to: humanresources@mu.ie or by post to Human Resources, Riverstown Lodge, South Campus



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Declaration:

I confirm that the bicycle and safety equipment purchased under this scheme is for my own use and will be used mainly for the whole or part of a journey between my home and my normal place of work, or between my normal place of work and another place of work (only applicable where employee is required to travel in the performance of the duties of his/her employment).

I confirm that I have not availed of the cycle to work scheme with Maynooth University, or another employer, within the last four tax years.

I understand that Maynooth University is not liable or responsible in the case of any injury that I may incur while using equipment purchased under this scheme.

I understand that Maynooth University is not responsible for any bicycle or equipment purchased which is damaged or stolen.

Signed:		Date:	
	e This application form m	Office, Riverstown Lodge, South Campus nust be accompanied by a quotation from	
Office Use Only:			
Date received by HR:		-	
Salary Paid:	Weekly	Monthly	
Employment Status:	Permanent	Temporary contract*	
*State contract End Date:		-	
Approved by:		Date:	

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