Dates from: ______ to _____

Sheet # _____

STAR Pass Sticker Distribution

By my signature below, I understand that the STAR Pass entitles me to unlimited fare-free rides on any Grays Harbor Transit or Mason Transit Authority route. I must show my STAR Pass each time I board one of the buses. I understand that the STAR Pass is valid only for me, that I am currently an employee of the State of Washington and that I will return the card when/if I leave state government, move to another county, or to another agency. If I do not return my card, I may be assessed a fee.

| NAME - Printed: | Employee Signature | Email @ | Phone | Date Issued | In System? |
|-----------------|--------------------|---------|-------|-------------|------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. | | | | | |

Coordinator: _____