



Provision of Bicycles for Employees – Salary Sacrifice Agreement

Please complete the following:

Personal Details

Name: _____

Department: _____

Job Title: _____

Staff Number _____

Employee statement

I confirm that I have not applied under this scheme in a period of the last 5 years. I verify that the bicycle is for my own use and will be used mainly for qualifying journeys. (Please refer to the policy re Bicycles Benefit-in-kind for qualifying journeys).

I agree that, should my employment terminate for any reason prior to the expiry of this agreement, all outstanding monies will be recouped from my final salary/wage or from any other monies due to me. In the event of insufficient monies being available to meet repayment in full, I agree to personally reimburse MUH.

Employee Signature : _____

Total Cost € _____

Recovery from Payroll over _____ months each payment € _____ commencing _____ (date)
Must be paid back in full by the end of the current calendar year

Employee Request (sign) _____
Human Resources Approval: (sign)

FINANCE DEPT.

Supplier name : _____

Invoice cost to Mercy Value € _____
Cheque Nr _____ Recover from payroll commencement _____ (date)