# NMT Swim Center Pool Pass Form

Effective July 1, 2020  
Prices Include Tax

<table>
<thead>
<tr>
<th>Pass Code</th>
<th>Pass Type</th>
<th>Family*</th>
<th>Individual</th>
</tr>
</thead>
</table>
| A         | Tech Employees: NMT Faculty & Staff  
Payroll Deduction Only  
Complete the form on the back of this page. | $266.00 | $191.00 |
|           | NMT Retired Employee  
Eligibility Signature Required  
Complete the form on the back of this page. | $230.00 | |
| B         | Adjunct Faculty  
Eligibility Signature Required  
Complete the form on the back of this page. | $275.00 | |
| C         | NRAO  
Eligibility Signature Required  
Complete the form on the back of this page. | $410.00 | |
| D         | NRAO Visiting Student  
Eligibility Signature Required  
Complete the form on the back of this page. | $110.00 | $85.00 |
| E         | NRAO Visiting Scientist  
Eligibility Signature Required  
Complete the form on the back of this page. | $110.00 | $85.00 |
| F         | Alumni  
Eligibility Signature Required  
Complete the form on the back of this page. | $420.00 | |
| G         | Community | $425.00 | $285.00 |
| H         | Senior (>60)  
All pass holders must be seniors. | $270.00 | $210.00 |
| I         | Medical Rehabilitation Individual only  
Pass is for rehabilitation only. Individuals requiring ongoing pool therapy must purchase a regular pass.  
Pass is good for six months only and may not be renewed.  
Request must be accompanied with a doctor's note. | $210.00 | |
| J         | Grandchild  
Individual must be a pass holder to purchase | $40.00 | |

- Only the requestor's spouse and dependent children are eligible family members. A dependent must be under 19 years of age or 25 years of age if he/she is a full-time student. Grandchildren are not eligible as dependents for a family pass.

Date____________ Requestor's Name__________________________________________________

Mailing Address____________________________________________________________________

Home Phone____________ Work Phone _____________    E-mail___________________________

Pass Code [ ] Payment Enclosed [ ] Cash $_________ [ ] Check $ __________

Please print full names of all pass recipients. List yourself first and then dependents.

NAME_________________________ RELATIONSHIP_________________ AGE__________
NAME_________________________ RELATIONSHIP_________________ AGE__________
NAME_________________________ RELATIONSHIP_________________ AGE__________
NAME_________________________ RELATIONSHIP_________________ AGE__________
NAME_________________________ RELATIONSHIP_________________ AGE__________
NAME_________________________ RELATIONSHIP_________________ AGE__________

No extensions will be given for any type of closures, including but not limited to maintenance and emergency closures.

Sold By: ______________________________    Date: ______________________________  4/2020
**Fringe Benefit Information (For regular NMT Employees only)**

- Qualifications: To be eligible for a Fringe Benefit Pool Pass, you must be a regular full-time or part-time New Mexico Tech Employee. Qualifying family members are spouse and children only.

- Payment: Payment is made through payroll deduction only. Passes are purchased on a yearly basis and are automatically renewed unless the swim Center is notified in writing 30 days in advance of the renewal date.

- Renewals: Individuals currently on payroll deduction are not required to get signatures when renewing a current pass.

- Cost Per Pay Period:

<table>
<thead>
<tr>
<th></th>
<th>26 Pay Periods*</th>
<th>20 Pay Periods*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$7.35</td>
<td>$9.55</td>
</tr>
<tr>
<td>Family</td>
<td>$10.23</td>
<td>$13.30</td>
</tr>
</tbody>
</table>

- Approvals: Please fill out the appropriate information below and obtain approvals from Human Resources & Payroll before presenting this form to the Swim Center for passes.

I agree that my pool pass fee will be deducted from my payroll check each pay period. I understand that this is an annual fee and cannot be cancelled until payment is made in full. For employment status verification, a Swim Center Pool Pass form must be filled out every year. The fee will automatically be deducted unless written notice is received at the Swim Center after the initial pass has been in effect for one calendar year.

__________________________   ______________________________
Department        Banner ID #
__________________________   ______________________________
Employee Signature       Date

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**NMT Affiliate Benefit Information (for NMT Affiliates Only)**

- You must obtain the signature of the appropriate individual listed below verifying that you are eligible for an affiliate benefit Swim Center Pool Pass.
  
  * NRAO       John (Skip) Lagoya/Tracey Sanchez  
  * Adjunct Faculty   Douglas P. Wells, Vice President of Academic Affairs  
  * Retired Employee  Angie Gonzales, Human Resources  
  * Alumni       Lavern Robinson, Office for Advancement

- Complete the information on the form below and give it to your supervisor to sign.
- Return the eligibility form to the Swim Center for processing.
- If you have further questions, call 575-835-5050.

The individual listed below is requesting a Swim Center Pool Pass as a New Mexico Tech affiliate. Please sign below to verify that this individual meets the required qualifications.

Requestor’s Name: ____________________________ : ____________________________

Department: ____________________________

__________________________   ______________________________
Authorization Signature         Date

Human Resources (Angie Gonzales): ____________________________

Payroll Office (Kathy Torres): ____________________________

☐ 20 Pay Period  ☐ 26 Pay Period