

## Application for Cycle to Work Scheme

**Please complete this form to apply for a cycle and cycle equipment to be purchased by the employer under the IOMG Cycle to Work Scheme.**

|                        |                |  |  |
|------------------------|----------------|--|--|
| Full Name:             | Block Capitals |  |  |
| Address/contact:       |                |  |  |
| Post/Payroll Number:   |                |  |  |
| Department:            |                |  |  |
| Division/Section/Unit: |                |  |  |

I wish for my employer to purchase a bicycle and bicycle equipment as outlined below:

Type of bicycle (tick as appropriate)

**Electric Bicycle**

**Non-Electric Bicycle**

|  |  |                   |                 |                    |
|--|--|-------------------|-----------------|--------------------|
| Name and address of retailer: <i>Isle of Man based</i>   |  |                   |                 |                    |
| Make and Model of bicycle:   |  | <b>Basic Cost</b> | <b>VAT rate</b> | <b>£ (inc VAT)</b> |
| Details of bicycle equipment:  |  | <b>Basic Cost</b> | <b>VAT rate</b> | <b>£ (inc VAT)</b> |
|  |  |                   |                 |                    |
|  |  |                   |                 |                    |
| <b>Total</b><br>This should not exceed £1,200 for a pedal bike and equipment or £1,800 for an electric bike and equipment inclusive of VAT |  | <b>Basic Cost</b> | <b>VAT rate</b> | <b>£ (inc VAT)</b> |

***Please ensure that the information provided is accurate. A quotation from the retailer should be supplied. Any person who willfully submits false information renders themselves liable to disciplinary action.***

I confirm that I have read the Cycle to Work Scheme rules and accept the terms contained therein.

I understand and accept that I will sacrifice salary over a period of 3 years (36 months or 156 weeks) in return for the provision of a bicycle and safety equipment as detailed above. This will result in a proportionate reduction in my NI/Tax and superannuation contributions and this will affect my pension entitlement. I confirm that I am purchasing the bicycle and equipment for my own use in order to cycle to work and that I am solely responsible for indemnifying myself in the event of loss, injury or damage, however caused.

**If I cease employment with IOM Government before the end of the 3 year period, I accept that any outstanding balance will be deducted from my final pay, or if this is not possible, e.g. the amount exceeds my last net wage, I will pay all outstanding amounts within 14 days of my leaving date.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorised by Budget Holder:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Budget Holder signature: \_\_\_\_\_

**Please now send this form to your Department Finance Team**

**Approved by Department Finance Representative (FAS):**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Government Order Number:

GL Code: 58020121

Cost Centre:

**Please note that OHR will not process this form without the Departmental Finance Team's approval**

Please identify the Employee's Terms and conditions of service: *(circle appropriate terms)*

E.g.: PSC Civil Service                      Teacher/Lecturer                      Bus Vannin                      HMD  
PSC Manual & Craft Workers              Education Support                      NJC                      MPTC  
NHS Maintenance                      Other (please specify) \_\_\_\_\_

**Procedure:**

**(Please read the full Cycle to Work Policy and Procedures in conjunction with this policy: <https://hr.gov.im/policies-procedures-codes-guidance-and-forms/>)**

1. The employee applies to their relevant budget holder (Department, Board or Office) to purchase the bicycle and cycle equipment by completing this form, signing the declaration and providing the quotation from the supplier.
2. Once approved, the form and quotation should be sent to the relevant Finance team who will authorise the purchase and provide the employee with a purchase order for the bicycle and equipment to the value of the retailer's quotation which should be no greater than **£1,200** for pedal cycles and equipment or **£1,800** for electric cycles and equipment **inclusive** of VAT.
3. The employee presents the purchase order to the retailer together with photographic evidence of identity and collects the equipment.
4. The invoice should be passed to the Departmental Finance team for payment who will then forward the form and invoice to the **OHR PiP Changes Team, via email – [pipchanges@gov.im](mailto:pipchanges@gov.im)**
5. The OHR PiP Changes Team will issue an email to the employee confirming the amount of salary sacrifice over a three year period. This letter constitutes a change in the employee's terms and conditions. At this point the OHR PiP Changes Team will also notify OHR Payroll of the Salary Sacrifice and deductions will be taken from your monthly/weekly salary.

**For completion by OHR:**

|   |  |
|---|--|
| Email to employee from OHR confirming amount of salary sacrifice<br>(Total of equipment listed above divided by 36 months or 156 weeks) |  |
| cc. Payroll Section   |  |

**The information on this form will be used to notify OHR Payroll of the change.**