



SKYLIGHT CARD AGREEMENT

CITY: _____

I _____

Affirm that I have received my Skylight Card on ___/___/___ and understand that if I lose my card or report it stolen, there will be a \$5.00 deduction from my paycheck to receive a temporary card. If my card is lost or stolen I will report it to my Back-to-Work (Reliable) Coordinator as soon as possible.

Signature

Date