Employee Commute Reduction Program (ECRP)
Verification Form for College Employees

Name_________________________________________ Department_____________________________

Print: Last Name, First Name, MI

Management ☐ Certificated ☐ Classified ☐ Confidential ☐ SS# (Last four digits only)___________

Before an ECRP Verification Form can be accepted by Parking Services, rideshare participants MUST be enrolled in the rideshare program and have an ECRP Enrollment Form on file with Parking Services. To enroll, contact Parking Services at extension 7609 or www.riohondo.edu/facilities-services/rideshare. NOTE: Your enrollment date shall commence the day the ECRP Enrollment Form is received and approved by Parking Services.

INSTRUCTIONS FOR COMPLETION OF THIS FORM:
1. Leave box blank for weekends, holidays, or days that you drove to work alone.
2. Mark an activity code for each day that you participated and the number of people riding with you. The activity code “R” refers to you. The 1, 2, or 3 next to the “R” refers to person(s) riding with you.
3. Sign and date form and obtain your immediate manager’s signature to certify attendance.
4. Submit this form to Yolanda Adame, Parking Services, by the last day of the succeeding month or transportation incentive will be denied. (Example: The last day to submit this form for the month of August is September 30).

Verification of Transportation for Month/Year _____________________________

<table>
<thead>
<tr>
<th>Days of Month</th>
<th>Activity Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5  6  7  8  9  10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td>
<td></td>
</tr>
<tr>
<td>(W) Walking/jogging</td>
<td>(T) Bus/Mass Transit</td>
</tr>
<tr>
<td>(B) Bicycling</td>
<td>(R1) Rideshare w/one</td>
</tr>
</tbody>
</table>

**ECRP INCENTIVE WILL BE PAID QUARTERLY**

I certify that I have participated in the ECRP as indicated and am entitled to the incentives offered.

Signature ____________________________ Ext. __________ Date __________

I certify attendance as shown above: ____________________________

Signature of Immediate Manager ____________________________ Ext. __________ Date __________

Office Use Only

| R1=________ x 1.00 $ | B=________ x 2.00 $ | W=________ x 2.00 $ |
| R2=________ x 1.25 $ | T=________ x 2.00 $ | Food Coupon |
| R3=________ x 1.50 $ | V=________ x 1.50 $ | Days Ridesharing |

Total Monthly Incentive: $__________ Total Quarterly Incentive: $__________

Received by Employee Transportation Coordinator ____________________________

Rev. 10/14