Alternative Transportation Verification Form
for College Employees

Name: ___________________________________________  Department: ____________________________

Print: Last Name, First Name, MI

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

Before this Alternative Transportation Verification Form can be accepted by Parking Services, rideshare participants
MUST be enrolled in the rideshare program by submitting an Alternative Transportation Program Enrollment Form to
Parking Services. To enroll, contact Parking Services at extension 7609 or obtain enrollment for at:
www.riohondo.edu/facilities-services/rideshare.  NOTE: Your enrollment date shall commence the day the
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.
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 ______________________________

| Days of Month | Activity Code:
|---------------|---------------------------------------------------------------
|               | (W) Walking/Jogging/Skating (T) Bus/Mass Transit (R2) Rideshare w/two other persons |
|               | (B) Bicycling (R1) Rideshare w/one other person (R3+) Rideshare w/three or more persons |

**THIS MONETARY INCENTIVE WILL BE PAID QUARTERLY**

I certify that I have participated in the Alternative Transportation Program on the days indicated above.

Signature ____________________  Ext. ____________________  Date ____________________

I certify attendance as shown above: __________________________________________

Signature of Immediate Manager ____________________________________________

Office Use Only

(R1) = _____ X $1.50 = ________  (B)  Bicycling = _____ X $2.50 = ________

(R2) = _____ X $1.75 = ________  (W)  Walk, Jogging, Skating = _____ X $2.50 = ________

(R3+) = _____ X $2.00 = ________  (T)  Bus/Mass Transit = _____ X $2.50 = ________

TOTAL CARPOOL DAYS ______

TOTAL MONETARY INCENTIVE $ ______

Rev. 9/19/17