



Alternative Transportation Program Verification Form for College Employees

Name _____

Print: Last Name, First Name, MI

SS # 000-00- _____

Last four numbers only

Department _____

Management Certificated Classified Confidential

Verification of Alternate Transportation for _____

Month

Year

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

INSTRUCTIONS FOR COMPLETION OF THIS FORM:

1. Leave blank weekends or days that you drove to work alone.
2. Mark an activity code for each day that you participated.
3. Obtain immediate manager's verification.
4. Sign and date form.
5. Submit this form to Yolanda Adame (ext. 4116) 30 days within the succeeding month or transportation incentive will not be approved.

(W) Walking/jogging (R1) Rideshare w/one (V) Vanpooling
 (B) Bicycling (R2) Rideshare w/two
 (T) Bus/Mass transit (R3) Rideshare w/three or more

ALTERNATIVE TRANSPORTATION INCENTIVE WILL BE PAID QUARTERLY.

I certify attendance as shown above:

Signature of immediate manager Ext. Date

I certify that I have participated in the Alternative Transportation Program as indicated and am entitled to the Alternative Transportation Incentive:

Signature Ext. Date

Received by: _____
Employee Transportation Coordinator

Office Use Only		
R1 = _____	x 1.00 \$	B= _____
R2 = _____	x 1.25 \$	T= _____
R3 = _____	x 1.50 \$	V= _____
		W= _____
TOTAL AMOUNT: \$ _____		Food Coupon _____
		Days ridesharing _____