



Alternative Transportation Program Enrollment Form for College Employees

I, _____, have working hours between _____ am/pm through _____ am/pm on the following days: M/T/W/TH/F/SAT. I hereby agree to participate in one ore more of the rideshare methods listed below at least one day per month:

1. Walking, jogging, or skating to work.
2. Riding a bicycle to work.
3. Riding a bus to work.
4. Participating in a car/vanpool group.

Rio Hondo College agrees to pay me quarterly according to the following schedule for participating in one or more of these activities at least one day per month, four (4) days maximum.

1. \$2.00 per day for each day of participation for walking, jogging, skating or bicycling.
2. \$2.00 per day for each day of participation for riding a bus to work or the reimbursement of a monthly bus pass (\$52 maximum)
3. \$1.00 per day for each day of participation for riding with another person.
4. \$1.25 per day for each day of participation for ridesharing with two other persons.
5. \$1.50 per day for each day of participation for ridesharing with three or more persons.
6. \$1.50 per day for each day of participation for vanpooling with seven or more persons.

Additional Rideshare Incentives:

- ❖ Guaranteed ride home (if there is an emergency at home)
- ❖ Rideshare matching
- ❖ Food discount coupon
- ❖ Time off with pay for specified rideshare participation rates, with supervisor’s approval (one hour of time off earned for 30 days of participation to a maximum of 12 hours per calendar year)

Please include the name(s) and address(s) of the individuals you are ridesharing with.

Rideshare Participant (Please use reverse side to add additional names)

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Location ridesharing to _____

Location ridesharing to _____

City _____ Zip _____

City _____ Zip _____

Miles ridesharing _____

Miles ridesharing _____

I hereby certify that the above information is true and correct. I also understand that falsifying any rideshare information on the Alternative Transportation Program Verification form may disqualify me from future participation in the Rideshare Program and from obtaining the rideshare incentive. I am also aware that I must properly submit an Alternative Transportation Program Verification Form no later than 30 consecutive days from the month I participate in the program to Yolanda Adame, Parking Services, ext 4116.

Signature of rideshare participant _____

Date _____

Email address _____

Name _____

Address _____

City _____ Zip _____

Location ridesharing to _____

City _____ Zip _____

Miles ridesharing _____

Name _____

Address _____

City _____ Zip _____

Location ridesharing to _____

City _____ Zip _____

Miles ridesharing _____