



EMPLOYEE COMMUTE REDUCTION PROGRAM (ECRP)
ENROLLMENT FORM for COLLEGE EMPLOYEES

I am a Rio Hondo College Employee with working hours between _____ am/pm through _____ am/pm on the following days: M/T/W/Th/F. I utilize, at least, one of the alternative transportation modes to work for three or more days a week, and would like to be officially enrolled in the ECRP to receive the incentives.

Alternative Transportation Mode & Incentive Fees

- 1. \$1.50 – Ridesharing with one other person
2. \$1.75 – Ridesharing with two other people
3. \$2.00 – Rideshare with three or more people
4. \$2.50 - Walking, Jogging, Skating, Bicycling, Bus, or Mass Transit

Note: First-time enrollees are entitled to a one-time Start-Up incentive, which includes an additional 25 cents to any of the fees listed above.

Additional rideshare incentives are also provided. They include:

- *Time-Off with Pay, *Ice Cream Social, *Personal Commute Assistance, *Park-And-Ride Assistance, *Points Program, *Rideshare Matching, *Start-Up Monetary Incentive, *Preferred Parking, *Guaranteed Return Trip, *Auto Service Monetary Incentive, *Tune Up Monetary Certificate, *Transit Subsidy, *Smog Check Reimbursement

Upon receipt and approval of this enrollment form, you will receive a detailed Rideshare Incentive Information packet describing qualification and issuance of the above incentives; therefore, ensure you clearly provide your e-mail address at the bottom of this form.

Note: Non-Rio Hondo College rideshare partner(s) do not qualify for any of the incentives listed.

Please include the employee and rideshare partner's name and address below. Note: This form must be updated if there is a change in rideshare partner(s).

Name: _____
Address: _____
City: _____ Zip: _____
Location riding to: _____
City: _____ Zip: _____
Miles ridesharing one way: _____

Name: _____
Address: _____
City: _____ Zip: _____
Location riding to: _____
City: _____ Zip: _____
Miles ridesharing one way: _____

Name: _____
Address: _____
City: _____ Zip: _____
Location riding to: _____
City: _____ Zip: _____
Miles ridesharing one way: _____

Name: _____
Address: _____
City: _____ Zip: _____
Location riding to: _____
City: _____ Zip: _____
Miles ridesharing one way: _____

To receive any of the above incentives, I understand I must submit an Alternative Transportation Verification Form (ATVF) for each month I use alternative transportation.

I certify that the information I have provided, on this form, is true and correct, and any false information may disqualify me from future ECRP participation, or from receiving any of the incentives listed.

Employee Name (Print): _____ Date: _____

Signature: _____ Date: _____

E-Mail Address: _____