This form is for alternative transportation/rideshare participants, who must be enrolled in the program prior to submitting this document. To enroll, contact Parking Services at extension 7609, or obtain an enrollment form at gorio.page/rideshare. Note: Your enrollment date shall commence the day the enrollment form is received and approved by Parking Services staff members. This monetary incentive will be paid quarterly.

| Contact Information | | | | | | | |
|----------------------|------------|-----------------------|--|--|--|--|--|
| Name (please print): | Department | Last four SSN digits: | | | | | |
| | | | | | | | |

Instructions for Completing this Form

- Leave boxes blank for weekends, holidays, or days you drive to work alone.
- Mark an activity code for each day 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.
- Sign and date form and obtain your immediate manager's signature.
- Submit this form to Parking Services Facilitator Michelle Alfaro by the last day of the succeeding month or transportation incentive will be denied. (For example, the last day to submit this form for the month of August would be September 30.)

| Act | tivity Codes | | | | |
|-----|--------------------------------|--|--|--|--|
| Tra | ansportation mode – B, W, or T | Number of participants – R1, R2, or R3 | | | |
| В | Bicycling | R1 with one other person | | | |
| W | Walking, jogging, or skating | R2 with two other persons | | | |
| Т | Bus or mass transit | R3 with three or more persons | | | |

Verification of transportation for the month of _____ in year ___

| Days of the Month | | | | | | | | | | | | | | | |
|-------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 | |
| | | | | | | | | | | | | | | | |

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

| recting that i participated in the internative in ansportation i rogi | am on the days maleated above. |
|---|--------------------------------|
| 1. Participant's Signature | Date |
| I certify attendance/participation as recorded above. | |
| 2. Immediate Manager's Signature | Date |

| Office Use Only | | | | | | | | |
|---------------------|-------------|-----------|---------------------------|------------|------------|--|--|--|
| R1 - \$1.50 | R2 - \$1.75 | R3+ - \$2 | B - \$2.50 | W - \$2.50 | T - \$2.50 | | | |
| | | | | | | | | |
| Total Carpool Days: | | | Total Monetary Incentive: | | \$ | | | |