



# 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](http://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																														
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

**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 \$ _____	