

INSTRUCTIONS:

In order to effectively track your rideshare days, please complete each month's chart daily. At the end of each month, please total your rideshare days. At the end of three consecutive months, please sign and date form verifying accuracy of data.

Please use the following codes to indicate how you commute to work each day:

- B = Bicycle C = Carpool T = Telecommute
- PB = Public Bus R = Rail DA = Drive Alone
- V = Vanpool W = Walk X = Non Rideshare Day
- BP = Buspool

EXAMPLE:

Date	Mode
7/1	C

Commute Tracking Log

For the Month of _____												Total rideshare days in month: _____				(5 day minimum to qualify)			
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY							
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode						

For the Month of _____												Total rideshare days in month: _____				(5 day minimum to qualify)			
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY							
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode						

For the Month of _____												Total rideshare days in month: _____				(5 day minimum to qualify)			
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY							
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode						

I acknowledge that I have read and understand the Summary of Rules of Eligibility governing the *Advantage/Option Rideshare* programs listed on the reverse side of this form, and certify that I am eligible to participate in and receive the incentives provided by the *Advantage/Option Rideshare* programs. I certify that I have not been in a rideshare arrangement 90 days prior to my enrollment in the *Advantage/Option Rideshare* programs. I further understand that any incentives I receive from *Advantage/Option Rideshare* may be subject to federal and state taxes and that any tax liability that may result is my responsibility.

EMPLOYEE SIGNATURE _____ Date ____/____/____

EMPLOYER REPRESENTATIVE SIGNATURE _____ Date ____/____/____
 (Original Signature Only. Signature Denotes Review And Approval Of Completed Form and Employee Eligibility)

*****Please return completed form to Rideshare Office, Bldg#10 or FAX to 714-653-1148*****

Do not write below this line

Vehicles Reduced _____	Joining New Pool _____	New Pool Credit _____	Comments _____
Number of Rideshare Days _____	Gift Certificate Type _____	Payment Amount _____	Payment Date _____