



# RIDESHARE COMMUTER LOG

Complete this form monthly and return original to the Department of Human Resources - Submit a signed copy of the form by the 5<sup>th</sup> day of the month following the end of the month. Forms will be processed and paid on the next available pay cycle, typically the second pay date of the month. Forms received after the 5<sup>th</sup> day of the month will be processed the following month.

<b>Name:</b>	<b>ID #:</b>
<b>Department:</b>	<b>Phone:</b>

**ELIGIBILITY FOR INCENTIVES** - Only City employees who commute 51% or more of the total one-way trip distance are eligible for incentives.

**NOTE:** Children without a valid drivers license, being taken to school or daycare ARE NOT considered Rideshare partner(s) and DO NOT qualify for incentives. Also, forms received thirty days after the month end will not be eligible for processing.

To effectively track your rideshare days, please complete the chart daily using the following codes.

**C = Carpool    M = Mass Transit    W = Walk    B = Bicycle/Motorcycle    H = Hybrid Vehicle    E = Electric Vehicle**

**MONTH (Check One):**

**YEAR:** \_\_\_\_\_

**JAN**  **FEB**  **MAR**  **APR**  **MAY**  **JUNE**  **JULY**  **AUG**  **SEPT**  **OCT**  **NOV**  **DEC**

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode

**Total Days**

Please indicate Rideshare partner(s), if applicable, including **name** and **drop of location**.

<b>Name/Drop:</b>	<b>Name/Drop:</b>
<b>Name/Drop:</b>	<b>Name/Drop:</b>

**All financial incentives (except bus passes) are reported as taxable income.**

ACKNOWLEDGEMENT - This is a true and accurate statement of my participation in the program as reported by this log. I understand that anyone found in violation of the rules and regulations may be removed from participation in the program and may be subject to disciplinary action. I further understand that any financial incentives are subject to federal and state taxes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Incentive Days: \_\_\_\_\_ Incentive Amount: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_