LOS ANGELES MISSION COLLEGE
Certification of Employee Transportation Incentive
Monthly Participation Record
(AQMD)

NAME ________________________________ MONTH ______________

Mode of Transportation: EMP. # __________
B = Bicycle
C = Carpool
P = Public Transit (Bus/Rail)
W = Walk
N/P = Not Participating

Please Indicate Mode of Transportation with Calendar Date:
For example: (C) 4/25/08

<table>
<thead>
<tr>
<th>Week #</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>Week 6</td>
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</table>

Note: For days absent use NP (Not Participating)

Carpool Driver's Name: ________________________________
Carpool Rider's Name: ________________________________

Departure Time From Home: _______________
Arrival Time at Work: _______________
Bus Line Number: _______ Cross Street for Boarding Bus: _______________
Streets used to Bike or Walk to Work: ________________________________

As an employee of Los Angeles Mission College, you hereby certify that by enrolling in the Rideshare Incentive Program, you will adhere to the rules and regulations of the program. If you withdraw from the Rideshare Incentive Program, you will be ineligible for the Mission College employee incentive. You will notify the Employee Transportation Coordinator and your supervisor within five working days of your intent to withdraw from the program. Misuse of any ridership privileges may result in termination. I have read and agreed to the above.

_____________________________    ________________
Signature         Date