

**LOS ANGELES MISSION COLLEGE
Rideshare Enrollment Form
(AQMD)**

NAME:

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LAST

FIRST

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EMP. #

ADDRESS:

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CITY:

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STATE:

ZIP CODE:

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What mode of transportation are you participating in?
Please check applicable mode(s):

Carpool	Walk	Bike	Rail	Bus

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 will result in termination. I have read and agreed to the above.

Signature

Date