



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

Week #	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

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