



Rideshare Registration Form

New
 Revised

NAME: _____
SSN: _____
PHONE NUMBER: _____ EXT: _____
HOME ADDRESS: _____
CITY: _____ ZIP CODE: _____
DEPARTMENT: _____ EMAIL: _____

What mode of transportation will you be using? Please check one:

- Carpool** Mass Transit Vanpool Walk Bicycle Drop Off

**Please indicate the name of your carpool partner (s): _____

- I wish to accept financial incentives. I understand that any financial incentives will be considered taxable fringe benefits. All applicable taxes will be withheld.
- I wish to decline financial incentives.

I understand that the **minimum participation is two days per week for the entire month** and anyone found in violation may be subject to reimbursement of incentives paid and disciplinary action. I further understand that any incentives I receive may be subject to federal and state taxes and that any tax liability, which may result, is my responsibility.
BUDGET CONSTRAINTS MAY CAUSE TERMINATION OF SOME INCENTIVES WITHOUT NOTICE.

SIGNATURE: _____ DATE: ____/____/____