



Rideshare and Alternative Commute Mode Registration

Healthy Options for a Pleasant Environment

New Hire (please check box if you are signing up for rideshare within the first quarter of employment with City of Hope)

Employee Name _____ Department _____

Employee Number _____ Phone Extension _____

Check all modes of transportation:

Carpool: two person three person four person five person

List names of carpool partners _____

(If offsite carpool, list name and company) _____

bus pass bus tokens bicycle walk

Metrolink From Station _____

To Station _____

Electric car Hybrid car

List your vehicle license number(s) _____

FOR H.R. USE ONLY	
Carpool parking permit #	_____

In order to be eligible for City of Hope’s rideshare incentives, I agree to rideshare an average of 12 days per month and adhere to the City of Hope Trip Reduction Policy. I will notify Benefits and Employee Services in the event that I do not meet this criteria.

I hereby certify that information given on this form is true and accurate.

Employee Signature _____ Date _____