



Western University of Health Sciences Monthly Rideshare Report Incentive Form

EMPLOYEE NAME

DEPARTMENT

MONTH, YEAR

This form is used to report alternative modes of transportation for a one month period. Click on the drop down menus and select the commuter mode for each day that you rideshared. After completing all required fields, please click the submit button to have OHR process your request. Please contact the Employee Transportation Coordinator in the Office of Human Resources at RideshareOHR@westernu.edu for any questions.

COMMUTE MODE CODES

- A Drive Alone
- B Motorcycle (2 riders)
- C 2-person Carpool
- D 3-person Carpool
- E 4+ Person Carpool
- F Public Transportation
- G Walk
- H Bicycle
- I Other Non-Work Day
- J* Plug-in Hybrid Electric Vehicle (1 person)
- K* Plug-in Hybrid Electric Vehicle (carpool)

1 Codes	2 Codes	3 Codes	4 Codes	5 Codes	6 Codes	7 Codes
8 Codes	9 Codes	10 Codes	11 Codes	12 Codes	13 Codes	14 Codes
15 Codes	16 Codes	17 Codes	18 Codes	19 Codes	20 Codes	21 Codes
22 Codes	23 Codes	24 Codes	25 Codes	26 Codes	27 Codes	28 Codes
29 Codes	30 Codes	31 Codes				

TOTAL 0

**PHEVs: Qualifying vehicles must commute to work fully on electric power without the use of gasoline engine or cogeneration system. The distance between your worksite and residence must be within the vehicle manufacturer's stated mileage range of a full electric charge.*

Incentives are only granted for eligible ridesharing on weekdays (Monday – Friday) between the hours of 6:00 and 10:00 a.m. Do not submit for rideshare reimbursement on University paid holidays or days that you were not at work for any reason.

**NAMES OF THOSE WHO
CARPOOLED WITH YOU**

**NAME OF COMPANY
(IF OTHER THAN WESTERNU)**

**PHONE NUMBER &
ZIP CODE OF WORKPLACE**

By submitting this form, I hereby certify that the information above is correct and that I arrived at work between the hours of 6 to 10 a.m. on the reported days.

SUBMIT