



Hybrid Vehicle Carpool Program (HVCP) Application

Personal Information:

Employee ID #	Last Name	First Name	
Home Address		City	Zip Code
Home/Cell Phone	E-Mail Address		

Work Information:

Department Name	Division	Inter Office Mail Code
Work Address		City
Work Phone	Schedule Type (Standard, 9/80, 3/12, 4/10, 14 Day)	Work hours
		To

HVCP Information: Form a New HVCP Carpool Join an Existing HVCP Carpool

Requested Start Date	Primary Driver/Coordinator Name
Second Key Holder Name	Total Daily Roundtrip Mileage
Location where the vehicle be kept overnight and weekends	

Hybrid Vehicle Carpool Driver: Any employee who may have occasion to drive a hybrid carpool vehicle is required to attend the County’s Driver Awareness Course. All drivers must complete the required course within 60 days of driving the hybrid carpool vehicle. The DMV permission form must accompany this application.

Driver Awareness Course Enrollment Date or Completion Date	Driver License Number

Employee Authorization and Certification: I elect to participate in the County of San Bernardino Commuter Services Program. By providing my signature below, I certify that I have read and agree with the terms and conditions in the Hybrid Vehicle Carpool Policy:

- I understand my share of the carpool rate may be adjusted periodically to reflect any changes in ridership and/or rate. In these cases, Commuter Services shall make the appropriate modifications and will notify me as they occur.
- I understand this authorization is in effect from the date of my signature, and will continue until such time that I terminate participation in the Hybrid Vehicle Carpool Program. I understand to terminate participation, I must give advance notice of termination to Commuter Services in accordance with the schedule outlined in the “Rideshare Program Deduction Schedule” document.

All forms and supporting documentation (if applicable) may be submitted to HR – Commuter Services by interoffice mail, email, or fax via the contact information below.

Employee Signature

Date

Human Resources – Commuter Services IOM – HR-CS 0178

157 West Fifth Street, San Bernardino, CA 92415-0178 Phone (909) 387-9639 Fax (909) 387-9641



Hybrid Vehicle Carpool Program Payroll Deduction Authorization Form

Must print in Black or Blue ink ONLY

Form a New Hybrid Carpool
 Join an Existing Hybrid Carpool

Employee ID #	Last Name	First Name
Home/Cell Phone	Work Phone	E-Mail Address

Department	Division	Inter Office Mail Code

Requested Start Date	Hybrid Vehicle Carpool Coordinator Name

Payroll Deduction Authorization and Certification

I authorize Commuter Services to deduct the amount equal to my share of the hybrid vehicle carpool program (HVCP) rate through after-tax payroll deduction. I understand my share of the HVCP rate may be adjusted periodically to reflect any changes in ridership, rate, and/or mileage. In these cases, Commuter Services shall make the appropriate modifications to my payroll deductions and will notify me as they occur.

I understand this authorization is in effect from the date of my signature, and payroll deductions will continue until such time that I terminate participation in the HVCP. I understand to terminate payroll deductions, I must give advance notice of termination to Commuter Services in accordance with the schedule outlines in the "Rideshare Program Deduction Schedule" document.

Employee Signature

Date

Forms may be submitted to HR – Commuter Services by interoffice mail, email, or fax via the contact information below.

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