



Vanpool Program Application

Personal Information:

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

Work Information:

Department or Employer Name	Division	Inter Office Mail Code
Work Address	City	
Work Phone	Approx. One-Way Mileage from Home to Work	

Vanpool Information: Form a New Vanpool Join an Existing Vanpool

Requested Start Date	Vanpool Coordinator Name
Are you going to be an Alternate Driver?	If "yes" what is your Driver License #
Y / N	

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

- I understand my share of the vanpool rate may be adjusted periodically to reflect any changes in ridership, rate, and/or fuel card usage. 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 Vanpool 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



Vanpool Program

Payroll Deduction Authorization Form

Must print in Black or Blue ink ONLY

Form a New Vanpool
 Join an Existing Vanpool

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

Department	Division	Inter Office Mail Code

Requested Start Date	Vanpool Coordinator Name

Payroll Deduction Authorization and Certification

I authorize Commuter Services to reduce my taxable salary within IRS limits in the amount equal to the vanpool rate through pre-tax payroll deduction. I understand that if the vanpool rate exceeds IRS limits the excess will be taken through additional after-tax payroll deduction.

I understand my share of the vanpool rate may be adjusted periodically to reflect any changes in ridership, rate, and/or fuel card usage. In these cases, Commuter Services shall make the appropriate modifications to my payroll deductions .

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 Vanpool Program. 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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