

## Emergency Ride Home Program

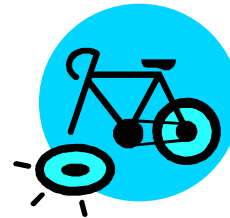
You may qualify to take advantage of the **UCSF** employee emergency ride home program on any day you commute to work by:

**Public Transit**   **Carpool**   **Vanpool**   **Bicycle**   **Walking**

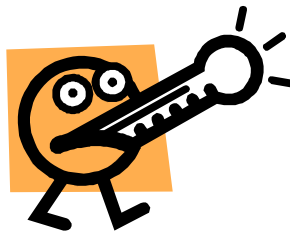
and you are **not** able to use that mode to go home because:



You have an emergency  
at home



Your carpool/vanpool,  
vehicle or bicycle has a  
mechanical problem



You or a family member  
become ill during the work day

In such instances, you may be able to ride transit, take a taxi, or rent a car to get home and have the costs of this trip reimbursed by UCSF Rideshare program. You can claim up to \$50 maximum with submission of original receipts and description of your situation..

### ***How to Apply for Reimbursement***

Robert Wong, Campus Rideshare Manager, must approve all reimbursement requests. Please complete a Reimbursement Request Form and submit it with your original receipt to Robert Wong at Box 0299 or [rwong@ucsf.edu](mailto:rwong@ucsf.edu) within 10 days of the emergency ride. Refer questions to Robert Wong at (415) 476-1513.

**Emergency Ride Home Program  
Reimbursement Request Form**

*Please complete a Reimbursement Request Form and submit it with your original receipt to Robert Wong, Campus Rideshare Manager, at Box 0299 or [rwong@ucsf.edu](mailto:rwong@ucsf.edu) within 10 days of the emergency ride. Refer questions to Robert at (415) 476-1513.*

Employee Name \_\_\_\_\_ Employee ID No \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employee Phone \_\_\_\_\_ Employee Email \_\_\_\_\_  
 Date of Ride \_\_\_\_\_

Reason for Emergency Ride Home:

- |   |  |
|---|--|
| <input type="checkbox"/> Personal Illness/Crisis      | <input type="checkbox"/> Carpool/Vanpool Problem |
| <input type="checkbox"/> Family Member Illness/Crisis | <input type="checkbox"/> Bicycle Problem         |
| <input type="checkbox"/> Other (explain): _____       |  |

Starting/Pick-Up Address: \_\_\_\_\_

Destination/Drop-Off Address: \_\_\_\_\_

Did the trip include going to any locations other than home?       Yes       No  
 If Yes, Where? \_\_\_\_\_

Type of ERH Ride Taken and Cost to be Reimbursed (attach receipts):

- |   |          |
|---|----------|
| <input type="checkbox"/> Taxi (meter fare only; tip not included) | \$ _____ |
| <input type="checkbox"/> Rental Car (gas not included)            | \$ _____ |
| <input type="checkbox"/> City Carshare                            | \$ _____ |
| <input type="checkbox"/> Transit (indicate service used: _____)   | \$ _____ |

**TOTAL COST:**      \$

How the Employee Got to Work on the Day ERH Was Used:

- |                                   |                                |                                  |                                  |
|-----------------------------------|--------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> BART     | <input type="checkbox"/> Bus   | <input type="checkbox"/> Carpool | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Caltrain | <input type="checkbox"/> Ferry | <input type="checkbox"/> Vanpool | <input type="checkbox"/> Walk    |

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Campus Rideshare Manager*