

EMERGENCY RIDE HOME (ERH), CONFIRMATION REPORT

RETURN THIS FORM WITHIN FIVE DAYS OF USING THE SERVICE

NAME: _____ EMPLOYER: _____

DEPARTURE ADDRESS: _____

HOME ADDRESS: _____

WORK PHONE: _____ SUPERVISOR: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

DESTINATION POINT: _____ COST: _____

REASON: PERSONAL FAMILY OTHER (SPECIFY): _____

HOW DID YOU TRAVEL INTO WORK ON THE DAY YOU USED ERH PROGRAM

VANPOOL CARPOOL TRANSIT BIKE WALK/RUN

HOW IMPORTANT IS ERH PROGRAM IN DECIDING TO USE ALTERNATIVE TO DRIVE ALONE COMMUTE?:

VERY IMPORTANT IMPORTANT NOT IMPORTANT

SIGNATURE: _____ SUPERVISOR SIGNATURE: _____

EMAIL FORM BACK TO LONGWOOD COLLECTIVE COMMUTEWORKS@MASCO.HARVARD.EDU