



## 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 THE ERH PROGRAM IN DECIDING TO USE ALTERNATIVE COMMUTING?:

VERY IMPORTANT  IMPORTANT  NOT IMPORTANT

SIGNATURE: \_\_\_\_\_ SUPERVISOR SIGNATURE: \_\_\_\_\_

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