CommuteWorks’ Emergency Ride Home Confirmation Report

This form must be completed and returned to CommuteWorks within five days of your emergency

Personal Information:
Name:__________________________________________________________________
Employer:________________________________________________________________
Work Phone Number:_______________________________________________________
Supervisor:________________________________________________________________

Use of the Emergency Ride Home Program:
Date of the Emergency Ride Home:________________________________________
Cost of the Emergency Ride Home:________________________________________
Time of the Emergency Ride Home:________________________________________

Reason for the Emergency Ride Home:
_____Personal Illness; _____Family Illness; _____Other (specify):_______________

How did you commute to work on the day you used the Emergency Ride Home Program?
_____Vanpool; ____Carpool; ____Transit; ____Bike;  ____Walk/Run;

Evaluation of the Emergency Ride Home Program:
How important is the Emergency Ride Home Program to your decision to use an alternative commuting mode?
_____Very Important; _____Important; _____Not Important

How was your experience using this service?
_____Excellent; _____Very Good; _____Good; _____Fair; _____Poor

Comments:____________________________________________________________________
______________________________________________________________________________

Signature:_____________________________________________________________
Supervisor’s Signature:____________________________________________________
or
Employee Transportation Advisor’s Signature:___________________________________

*Please mail, fax, or email completed form within five days to CommuteWorks:
Mail: 375 Longwood Avenue, 5th Floor, Boston, MA 02215
Fax: 617-632-2779
Email: commuteworks@masco.harvard.edu