VANPOOL REQUEST FOR PRORATE

Member's Name _____ **Van No.** _____

For New Program Participant: First Day on Van: _____

    Five Free Days Ridden: _____, _____, _____, _____, _____

☐ **Join / Leave Date:** _____
   (Circle One)   (Date Above = first day ridden after five free days or last day ridden on van)

☐ **Temporary change** of Shift / Location / Jury Duty   (Circle One)

    Dates: _____

CREDIT CALCULATION

Monthly Fare (A) $ _____   **Average Work Days in Month =20**

Monthly Fare Divided by 20 = Daily Rate _____ (B)

Total Fare Days (From Join Date, To Leave Date, or Outside of Temporary**

Shift Change Approved by Supervisor) (C): _____

Amount Due (B*C) $ _____ **   **Rideshare Initials: _____

Please Note: No credit will be given for RDO's, vacation time, or days not ridden.

Member's Signature _____ Date _____

SUPERVISOR: Please verify the above requested shift change date(s):

Supervisor's Signature _____ Date _____

Print Supervisor's Name_____ Phone_____