



SEAPORT TMA GUARANTEED RIDE HOME
CONFIRMATION REPORT

Employee Section

Name (print): _____

Company: _____

Work Phone: _____

Supervisor: _____

Guaranteed Ride Home Usage Details

How did you commute to work on the day you used the Guaranteed Ride Home Program?

Transit Carpool Vanpool Bike Walk Other (please specify): _____

Date Guaranteed Ride Home Used: _____ Time of Use: _____ Fare: _____ Tip: _____ Total: _____ **

From: _____ To: _____

Explanation for using the Guaranteed Ride Home Program: _____

Did the Guaranteed Ride Home Program and transportation provider meet your needs?

Yes No (please explain)

Additional Comments about Guaranteed Ride Home (use back side if necessary):

I certify that the information above is correct and in accordance with the guidelines and procedures of the Seaport TMA's Guaranteed Ride Home Program.

Employee Signature: _____

Date: _____

**** You must attach the cab voucher copy/cab receipt to the Confirmation Report. This form must be completed in its entirety and returned to the Seaport TMA within one week of using GRH with your supervisor's signature.****

Supervisor Section

Supervisor Name: _____

I certify that the employee above used the Guaranteed Ride Home as stated above for the following reason (check one):

Unexpected/Unscheduled Overtime Personal Illness Family/Personal Emergency

Supervisor Signature: _____ **Date:** _____

*When complete, mail this form **and** the customer copy of the cab voucher or printed cab receipt to the address at the bottom of this page.*