



Program Rules

For City & County of San Francisco Employees

NOTE: Only those trips that adhere to the following Program Rules are eligible for reimbursement.

1. Eligible Employees

In order to be reimbursed, an employee must be a permanent part-time or full-time employee of the City and County of San Francisco. The employee must have used an alternative commute mode on the day ERH is used.

2. Approved Alternative Commute Modes

Acceptable alternative commute modes include public transit (bus, train, ferry), vanpool, carpool (including Casual Carpool), bicycling, and walking.

3. Trips that are Reimbursable Through ERH

- **Illness or crisis** of employee or immediate family member.
- **Employee is unexpectedly required to work late** (i.e. employee was not aware of the situation before the start of the workday). Supervisor authorization is required.
- **Carpool or vanpool ride is unavailable** due to unexpected changes in the driver's schedule or vehicle breakdown or mishap.
- **Bicycle problem**, including flat tire, mechanical failure, vandalism, theft, or unsafe bicycling conditions due to inclement weather.

4. Eligible Trip Origins, Destinations and Stops

All trips must originate at worksites located in San Francisco, with the exception of vanpool/carpool vehicle breakdown on the way to work. The employee can be dropped off at home, a transit stop, or the location of their parked car (e.g. park-and-ride lot, carpool partner's home, etc.). Emergency-related side trips on the way home are permitted, including picking up a sick child at school or daycare, filling a prescription at a pharmacy, or stopping at an ATM for cash to pay the taxi driver.

5. Trips which are not Reimbursable through ERH

- Personal errands or pre-planned medical appointments.
- Medical emergencies (i.e. when an ambulance is needed).
- Business-related travel.
- Working late that was planned or known prior to the start of a workday or that is not authorized by a supervisor.
- Natural disasters or civic emergencies (e.g., earthquake, terrorist attack, demonstration, etc.)
- Transit service breakdown or interruption in service.
- Transportation to a doctor or hospital resulting from an on-the-job injury. (ERH cannot be used to replace an employer's legal responsibility under workers' compensation regulations.)
- Non-emergency related side-trips on the way home.

6. Transit First Requirement

Participants must use transit for all or part of the trip whenever possible (for example, if the employee can take a taxi to the BART station or from the BART station to home, rather than using a taxi for the entire trip). A taxi, rental car, or car share vendor may **ONLY** be used if transit service is not practical or available, including:

- The situation is urgent and time does not allow for transit use;
- Transit does not serve the destination needed; or
- Getting to or from the transit stop requires walking in an unsafe area at night.

7. Paying for the Ride

When an employee needs a ride, the employee will pay the cost of the ride, to be reimbursed by the Dept. of the Environment, City and County of San Francisco. If employees do not have adequate funds on hand, the Program permits them to stop at an ATM machine during the course of their ride. In addition, most taxis accept credit cards.

8. Reimbursable Costs

The Program will reimburse for one-way taxi fare, a 24-hour car rental period, up to 24-hours and 200-miles of car share usage, and/or public transit fare. Employees are responsible for the taxi gratuity and fuel for the rental car (the Program will not reimburse for these costs).

The following limits apply:

- Employees can be reimbursed for up to **four (4)** ERH trips per fiscal year (July 1 to June 30).
- Trips will be reimbursed up to a **\$200 maximum** per trip, unless a lower maximum amount applies.

The Program will not pay for any penalties or fees incurred through use/misuse of car share or rental car vehicles, charges beyond a 24-hour period for car share or rental cars, more than 200 miles of car share vehicle usage, or car share monthly membership fees. See additional rental car and car share restrictions below.

9. Rental Cars

Employees are encouraged to utilize a rental car for trips of 20 miles or more (it is more cost-effective than taking a taxi). Employees should not use a rental car if they are experiencing illness, emotional distress, or exhaustion, or are not able to return the car the next day (charges beyond 24-hours will not be reimbursed). The ERH Program will reimburse up to \$60 for 24-hour period plus insurance. Note that Enterprise Rent-A-Car provides vehicle drop off and pick up service to any location in San Francisco. Employees must present a valid driver's license and credit card when renting a vehicle. The Program DOES NOT reimburse for gasoline expenses.

10. Car share

The employee must be a valid, registered member of a car share vendor prior to the day an ERH trip is needed. This can only be through individual membership. The employee must make the reservation directly through a car share vendor's reservation system. Employees should not use a car share if they are experiencing illness, emotional distress, or exhaustion, are not able to return the car within 24 hours, or need to travel more than 200 miles (charges beyond 24-hours and 200 miles will not be reimbursed).

11. Reimbursement

Trips that meet all of the above requirements will be considered eligible for reimbursement. For each trip to be reimbursed, the employee must submit a completed Reimbursement Request Form (page 4), Follow-Up Questionnaire (page 5), and valid receipt(s). For car sharing, participants must provide a copy of the invoice with the trip charges identified. For public transit, please provide a fare chart printout along with the Reimbursement Request, which must indicate the service used, the trip origin and destination, and total fare. All Reimbursement Requests must be submitted within 60 days of the date of the trip and by June 30 of the current fiscal year (July 1-June 30).

Payments are typically processed by the Program once a month on a regular schedule. Most payments will be issued to employers within 6 to 8 weeks from the time Reimbursement Requests are received. Payments are made via check sent through the U.S. mail.

12. Questions?

Please contact the San Francisco Department of the Environment at commuterbenefits@sfgov.org or (415) 355-3727.

SF Emergency Ride Home Reimbursement Request Form For CCSF Employees

Please complete this form and attach original receipts.
Must be received within 60 days from date of trip and by June 30 of the current fiscal year.

Employer/Dept. Name _____

Supervisor Name _____

Supervisor Phone _____ Supervisor Email _____

Employee Name _____ Last 4 Digits of SSN _____

Employee Phone _____ Employee Email _____

Employee Mailing Address: _____

Date of Ride: _____

Reason for Emergency Ride Home:

- | | |
|---|--|
| <input type="checkbox"/> Personal Illness/Crisis | <input type="checkbox"/> Carpool/Vanpool Problem |
| <input type="checkbox"/> Family Member Illness/Crisis | <input type="checkbox"/> Bicycle Problem |
| <input type="checkbox"/> Unscheduled Overtime | <input type="checkbox"/> Other (explain): _____ |

Starting/Pick-Up Address: _____

Destination/Drop-Off Address: _____

Did the trip include going to any locations other than home? Yes No

If Yes, Where? _____

Type of ERH Ride Taken and Cost to be Reimbursed (attach receipts):

- | | |
|---|----------|
| <input type="checkbox"/> Taxi (meter fare only; tip not included) | \$ _____ |
| <input type="checkbox"/> Rental Car (gas not included) | \$ _____ |
| <input type="checkbox"/> Car share vendor | \$ _____ |
| <input type="checkbox"/> Transit (indicate service used: _____) | \$ _____ |

TOTAL COST:

How the Employee Got to Work on the Day ERH Was Used:

- | | | | |
|-----------------------------------|--------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> BART | <input type="checkbox"/> Bus | <input type="checkbox"/> Carpool | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Caltrain | <input type="checkbox"/> Ferry | <input type="checkbox"/> Vanpool | <input type="checkbox"/> Walk |

<hr/> Employee Signature	<hr/> ERH Coordinator Signature
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Mail Original Form & Receipt(s) To:
San Francisco ERH Program
11 Grove St., San Francisco, CA 94102

SF Emergency Ride Home Follow-Up Questionnaire

To be completed by employee following a ride. Submit with reimbursement request form.

Employee Name _____ **Date of Ride** _____

Employer/Company _____

1. About how often do you use an alternative transportation mode (BART, bus, ferry, vanpool, carpool, bicycle, etc.) for your commute to work?

- 5 or more days a week
- 4 days a week
- 3 days a week
- 2 days a week
- 1 day a week
- Less than 1 day a week

2. Did you use an alternative mode for your commute to work PRIOR to your employer joining the San Francisco Emergency Ride Home Program?

- No
 - Yes → (Skip to Question 3)
- ↓

If No, how important was the Emergency Ride Home Program in your decision to BEGIN using an alternative transportation mode for your commute to work?

- Very important. (It was the main reason for my switch.)
- Important. (It was an important part of my decision.)
- Somewhat Important. (It had some influence.)
- Not Important. (I began using alternative modes for other reasons.)

3. Does having an emergency ride home available when you need it encourage you to use alternative modes MORE OFTEN than you would otherwise?

- No
- Yes → How much more often? _____ days per month

4. If the Emergency Ride Home Program were not available, would you... (check one)

- Discontinue using alternative modes and go back to driving your car.
- Continue using alternative modes, but less frequently than before.
- Continue using alternative modes at the same frequency as before.

5. What is your home zip code? _____

Thank You!