

RENEWAL OF GET-IN PROGRAM PARTICIPATION - 2017

Name (Please Print) _____ County ID/C-Pass # _____

Work Department and Division _____

Work Address _____

Work Hours _____ to _____ Work Telephone _____ Ext. _____

Home Address _____

SmarTrip Card # _____

How long have you been participating in the GET-IN Program? _____ Years _____ Months (If less than one year)

The Guaranteed Ride Home Provision makes it possible for any GET-IN participant or registered carpooler who needs to leave work because of an emergency to be reimbursed for taxi or transit fare from participants department.

Have you used the Guaranteed Ride Home Provision during 2016? [] Yes [] No

If you answered yes, what was the cost of your travel? \$ _____

I travel to work by: _____, in the space below, provide bus route and or station information.

A) Ride On Bus (route): _____, trip time _____

B) Metro Bus (route): _____, trip time _____

C) Metro Rail (station): _____, trip time _____

D) Metro Access: _____, trip time _____ MTA Commuter Bus: _____, trip time _____

E) MARC (From): _____ (To): _____, trip time _____

I will be using the benefit exclusively for my regular daily commute from home to work and return. I will not give, barter, exchange, convey or otherwise transfer my benefit to any other person. I understand and agree that false certification may result in disciplinary action up to and including dismissal from employment and possible prosecution.

(Date)

(Signature of GET-IN Program applicant)

PLEASE ATTACH A COPY OF YOUR TIMESHEET/MCTIME OR PAY STUB
INCOMPLETE APPLICATION WILL NOT BE PROCESSED

ALL SUBSIDIES MUST BE USED WITHIN THE GIVEN MONTH; IT CANNOT BE CARRIED OVER INTO THE NEXT MONTH.

If you have any questions please call Fare Media Unit (240-777-5883).

TO BE COMPLETED BY THE SUPERVISOR/MANAGER OF THE GET-IN APPLICANT

By signing this annual renewal, I understand that _____ participates in the GET-IN Program. She/he commutes to work on public transit and does not have a parking permit from this office or the Division of Facilities and Services, Department of Transportation. If the employee needs to leave the work site unexpectedly because of an emergency, the taxi or transit costs will be paid by the participants department. I agree to enforce the program regulation and review with the employee.

(Date)

(Supervisor/Manager's Signature)

(Supervisor/Manager's Print Name)

FOR DIVISION OF TRANSIT SERVICES USE ONLY

Approved: _____

Denied: _____

Initials: _____