



2016-17 COMMUTE CLUB / CARPOOL PERMIT APPLICATION

DO YOU QUALIFY?

- EACH member MUST fill out his or her section of this application COMPLETELY.
- EACH Stanford carpool member must meet ALL of the eligibility requirements (page 2) for the duration of the permit.
- Changes in your carpool require a new permit application.

MEMBER #1 (Complete all information and sign on page 2)

Name (Last name, First name)		Stanford ID #/Employee file ID*	SELECT YOUR AFFILIATION <input type="checkbox"/> University employee <input type="checkbox"/> Hospital employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (Online sponsorship form required from department)
Daytime phone	Email		
Home address			
Department name		License plate # (required)	SELECT YOUR PAYMENT METHOD (See restrictions on page 3) <input type="checkbox"/> Pre-tax payroll deduction (benefits-eligible employees only) <input type="checkbox"/> Recurring debit/charge (Debit/credit card required)
Worksite address (if employee or postdoc; include street, city, and zip code)			
SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) Use "1" for primary. Check others that apply. __ bicycle __ bus __ carpool __ train __ vanpool __ walk __ other: _____			

MEMBER #2 (Complete all information and sign on page 2)

Name (Last name, First name)		Stanford ID #/Employee file ID*	SELECT YOUR AFFILIATION <input type="checkbox"/> University employee <input type="checkbox"/> Hospital employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (Online sponsorship form required from department)
Daytime phone	Email		
Home address			
Department name		License plate # (required)	SELECT YOUR PAYMENT METHOD (See restrictions on page 3) <input type="checkbox"/> Pre-tax payroll deduction (benefits-eligible employees only) <input type="checkbox"/> Recurring debit/charge (Debit/credit card required)
Worksite address (if employee or postdoc; include street, city, and zip code)			
SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) Use "1" for primary. Check others that apply. __ bicycle __ bus __ carpool __ train __ vanpool __ walk __ other: _____			

MEMBER #3 (Complete all information and sign on page 2)

Name (Last name, First name)		Stanford ID #/Employee file ID*	SELECT YOUR AFFILIATION <input type="checkbox"/> University employee <input type="checkbox"/> Hospital employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (Online sponsorship form required from department)
Daytime phone	Email		
Home address			
Department name		License plate # (required)	SELECT YOUR PAYMENT METHOD (See restrictions on page 3) <input type="checkbox"/> Pre-tax payroll deduction (benefits-eligible employees only) <input type="checkbox"/> Recurring debit/charge (Debit/credit card required)
Worksite address (if employee or postdoc; include street, city, and zip code)			
SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) Use "1" for primary. Check others that apply. __ bicycle __ bus __ carpool __ train __ vanpool __ walk __ other: _____			

MEMBER #4 (Complete all information and sign on page 2)

Name (Last name, First name)		Stanford ID #/Employee file ID*	SELECT YOUR AFFILIATION <input type="checkbox"/> University employee <input type="checkbox"/> Hospital employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (Online sponsorship form required from department)
Daytime phone	Email		
Home address			
Department name		License plate # (required)	SELECT YOUR PAYMENT METHOD (See restrictions on page 3) <input type="checkbox"/> Pre-tax payroll deduction (benefits-eligible employees only) <input type="checkbox"/> Recurring debit/charge (Debit/credit card required)
Worksite address (if employee or postdoc; include street, city, and zip code)			
SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) Use "1" for primary. Check others that apply. __ bicycle __ bus __ carpool __ train __ vanpool __ walk __ other: _____			

* not your badge number – your file ID number is on your timecard or paycheck stub.

CARPOOL PERMIT Revised 7/2016



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ELIGIBILITY

Each member must meet ALL of the following criteria for the duration of the permit. Check boxes if true for all members.

- I do not drive and park near campus as part of my alternative commute, nor do I park at the VA Hospital or at off-campus Stanford parking lots and property.
- I do not live in on-campus student housing or Olmsted Staff Rental Housing.
- I am actively employed at Stanford's main campus, or I am a postdoc or registered student (students only qualify for registered quarters: minimum of 8 units for undergraduates and 6 units or TGR for graduate students).
- I will be commuting to Stanford for the duration of my Commute Club membership.
- I would be required to display a Stanford parking permit if I were to park at my place of work or study.
- I am not an evening- or night-shift employee.
- I will not use any Stanford parking permit except this carpool permit and/or the following: daily scratchers, department service vehicle permits, and SH permits, if applicable, during the time I am registered as a Commute Club member.
- My primary commute is to Stanford's main campus.
- I am required to be at Stanford's main campus at least 20 hours per week during normal weekday business hours. Check one of the following: Campus Welch Road, only if the following statement applies: I do not have parking privileges at my worksite, or my worksite has its own permitting system approved for a Commute Club Pilot Program and I have not been issued any of those permits.
- I understand that if I intentionally give false information to obtain membership in the Commute Club, I may lose my privilege to receive any transportation benefits from Stanford University, and I may receive disciplinary action up to and including termination of employment or expulsion.

CARPOOL PERMIT VIOLATIONS

Carpool Credit is only paid to carpools in which all registered members meet the eligibility requirements listed above.

Parking & Transportation Services conducts regular audits of carpool membership. If any member of your carpool is found to be ineligible, you will not receive Carpool Credit, and your permit will no longer be valid and must be returned or reissued to the remaining eligible members. Failure to return the permit or request that it be reissued will make your carpool subject to citation and potential penalties, including an increase in your monthly deduction up to the standard permit cost.

IF YOUR CARPOOL CHANGES OR ENDS

IF YOUR CARPOOL CHANGES and still has at least two eligible members, you must submit a new carpool application. In most cases, you will be able to continue using your existing permit.

IF YOUR CARPOOL ENDS or doesn't have at least two eligible members, your carpool permit is no longer valid and must be returned.

Notify Parking & Transportation Services whenever there is a change or expected change in your carpool (e.g., one member goes on vacation, leave, or is terminated) to retain carpool privileges for eligible members and/or to avoid penalties.

MEMBER SIGNATURES

I certify that I meet each of the eligibility criteria above for the Commute Club, all my information is true, and I accept the terms on all pages.

_____ SIGNATURE OF MEMBER #1	_____ DATE
_____ SIGNATURE OF MEMBER #2	_____ DATE
_____ SIGNATURE OF MEMBER #3	_____ DATE
_____ SIGNATURE OF MEMBER #4	_____ DATE

SELECT YOUR PERMIT (see price table on page 3)

DESIGNATION	DURATION
<input type="checkbox"/> A <input type="checkbox"/> C	<input type="checkbox"/> Annual: 9/1/16 (or month of purchase thereafter) to 8/31/17
	<input type="checkbox"/> Academic: 9/1/16 (or month of purchase thereafter) to 6/30/17
	<input type="checkbox"/> Monthly (one or more months; Not to exceed 8/31/17) Start date: _____ How many months? _____

DELIVERY OPTIONS

- MAIL PERMIT TO MEMBER #1**
Permit will be mailed to Member #1's home address. Please allow 7 days for delivery via U.S. Mail. (Allow 10 days during August and September.)
- I WILL PICK UP MY PERMIT**
Any carpool member can pick up the permit (photo ID required). We'll notify you when your permit is ready (2 to 4 business days). (Allow 4 to 7 business days during August and September.)

Phone number or email: _____

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PERMIT PRICES (per person)

Purchase price during the month of:	A						C					
	Annual (thru 8/31/17)			Academic (thru 6/30/17)			Annual (thru 8/31/17)			Academic (thru 6/30/17)		
	2-person carpool	3-person carpool	4-person carpool	2-person carpool	3-person carpool	4-person carpool	2-person carpool	3-person carpool	4-person carpool	2-person carpool	3-person carpool	4-person carpool
SEPT. 2016	\$516	\$344	\$258	\$430	\$286.67	\$215	\$187.50	\$125	\$93.75	\$156.25	\$104.17	\$78.13
OCTOBER	\$473	\$315.33	\$236.50	\$387	\$258	\$193.50	\$171.88	\$114.58	\$85.94	\$140.63	\$93.75	\$70.31
NOVEMBER	\$430	\$286.67	\$215	\$344	\$229.33	\$172	\$156.25	\$104.17	\$78.13	\$125	\$83.33	\$62.50
DECEMBER	\$387	\$258	\$193.50	\$301	\$200.67	\$150.50	\$140.63	\$93.75	\$70.31	\$109.38	\$72.92	\$54.69
JAN. 2017	\$344	\$229.33	\$172	\$258	\$172	\$129	\$125	\$83.33	\$62.50	\$93.75	\$62.50	\$46.88
FEBRUARY	\$301	\$200.67	\$150.50	\$215	\$144.33	\$107.50	\$109.38	\$72.92	\$54.69	\$78.13	\$52.08	\$39.06
MARCH	\$258	\$172	\$129	\$172	\$114.67	\$86	\$93.75	\$62.50	\$46.88	\$62.50	\$41.67	\$31.25
APRIL	\$215	\$144.33	\$107.50	\$129	\$86	\$64.50	\$78.13	\$52.08	\$39.06	\$46.88	\$31.25	\$23.44
MAY	\$172	\$114.67	\$86	\$86	\$57.33	\$43	\$62.50	\$41.67	\$31.25	\$31.25	\$20.83	\$15.63
JUNE	\$129	\$86	\$64.50	\$43	\$28.67	\$21.50	\$46.88	\$31.25	\$23.44	\$15.63	\$10.42	\$7.81
JULY	\$86	\$57.33	\$43				\$31.25	\$20.83	\$15.63			
AUGUST	\$43	\$28.67	\$21.50				\$15.63	\$10.42	\$7.81			

CARPOOL CREDIT (per person)

Carpool credit, paid quarterly, offsets the cost of your carpool permit with the credit amounts shown below.

Months	Carpool Credit
12	\$150
11	\$137.50
10	\$125
9	\$112.50
8	\$100
7	\$87.50
6	\$75
5	\$62.50
4	\$50
3	\$37.50
2	\$25
1	\$12.50

PERMIT PAYMENT METHODS

PRE-TAX PAYROLL DEDUCTION

- Available only for benefits-eligible employees working 20+ hours per week on University or Hospital payroll.
- NOT available to contingent employees, visiting scholars, and postdocs.
- Please read the Payroll Deduction program description at transportation.stanford.edu/payrolldeduction or call 650.723.9362 to request a copy.

Authorization: I have read and understand the information regarding the Payroll Deduction program. I also understand that upon signing this application I am authorizing that deductions for the duration of this parking permit be taken from my paycheck. I must return my permit to cancel payroll deduction. I understand that any exchanges or returns must be made before the end of the month prior to when I wish the change/cancellation to take effect, or I will have to pay the regular monthly deduction.

Hospital employees: I authorize my employer to withhold from my paycheck any payments due for the period I own the permit. I understand that if I take an unpaid vacation or a leave of absence, I will be responsible for any charges accumulated during that period.

Responsibility: If a scheduled payroll deduction is rejected for any reason, I must pay Parking & Transportation Services the full amount of the deduction immediately upon their request. I understand that there are no refunds for pre-tax payroll deduction purchases, and I am choosing this payment method over other payment options available to me.

RECURRING DEBIT/CHARGE

- This service deducts monthly payments from your debit or credit card. It is not the same as the university payroll automatic paycheck deposit system or our pre-tax payroll deduction service.
- Do NOT attach, fax, or mail any account information. Submit this application, and P&TS will send you an email with instructions for entering your account information on a secure web page.
- If you change or close your account, you must contact Parking & Transportation Services at 650.723.9362. Deductions rejected for any reason will result in a \$25.00 service charge.

RECEIVING CARPOOL CREDIT

Carpool Credit rewards are paid to you every three months. Payments for months you are enrolled will be distributed in the first or second week of December, March, June, and September.

University and Hospital employees on Stanford payroll will receive Carpool Credit through payroll deposit. It will appear as a credit on your payroll check or pay statement (in a separate line in the "earnings" section).

Students, postdocs, and contingent/sponsored employees will receive Carpool Credit through direct deposit. It will be deposited to the same account used for your monthly permit deductions. It is your responsibility to keep your account information current with P&TS. Stanford is not liable for missed payments due to failure to update bank account information in a timely manner.

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Revised 7/2016



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HOW STANFORD'S CARPOOL PROGRAM WORKS

Stanford's carpool program offers Carpool Credit to offset (partially or fully) the cost of your carpool permit. The cost of the "A" or "C" permit is shared equally among all members of the carpool, with each member paying his or her share at the time of purchase. At the end of each academic quarter, each member receives \$12.50 in Carpool Credit for each month of carpool eligibility in that quarter. Please see the "Permit Prices" table on page 3 for the permit options and rates, and the "Carpool Credit" table for the credit amounts.

IF YOU LOSE OR NO LONGER NEED YOUR PERMIT

IF YOUR PERMIT IS LOST OR STOLEN, you will be charged a replacement fee, and you may be responsible for paying for the full value of the permit. (There is no charge for replacement of a stolen permit with a police report.)

IF YOU NO LONGER NEED YOUR PERMIT, return it to Parking & Transportation Services to stop installment payments for future months.

EMERGENCY RIDE HOME

The Emergency Ride Home program assures alternative transportation users that they will not be stranded on campus in the event of an unexpected personal emergency. As a Commute Club carpool member, you will be automatically registered for the program, and your registration will remain effective for the duration of your employment or enrollment at Stanford. Please visit our website at transportation.stanford.edu/erh for further details and restrictions.

Informed consent, waiver and release of liability. As a voluntary participant in the Emergency Ride Home (ERH) program, I understand that my participation does not in any manner imply that, on acceptance of a ride through ERH, I am acting in the course and scope of official Stanford business, nor does it establish an employer-employee or agency relationship between Stanford and the service provider.

I understand (in the event a rental car is needed) I will be required to provide current identification and a major credit card, which is needed for security reasons. I understand that my credit card will NOT be charged for the Emergency Ride Home, but I am responsible for the cost of gasoline and any incidental fees. I also understand that I will be responsible for all charges that are not pre-approved by P&TS and are not allowable according to the program restrictions. In addition, if I use a rental car, I must return it the following morning or pay the additional rental fees.

I assume full legal and medical responsibility for all costs and expenses including insurance risk of injury and loss, including death or serious bodily harm, and/or loss of property and income that may result from my participation in this program. I agree not to sue or bring claim against Stanford, its trustees, directors, officers, agents, or employees, by reason of any accident, illness, injury, loss, or death that is caused by or alleged to be caused by my participation in this program. The terms of this release shall serve as a release and assumption of risks for my heirs, executors, administrators, and for all of my family members.