



# 2009-10 COMMUTE CLUB / CARPOOL PERMIT APPLICATION

**TO AVOID DELAYS, EACH MEMBER MUST FILL OUT THIS APPLICATION COMPLETELY.**

## CARPOOL MEMBERS

**To qualify for a carpool permit, EACH Stanford carpool member must meet ALL of the eligibility requirements (listed on page 2) for the duration of the permit.**

1 PRIMARY MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)	Stanford ID #/Hospital file ID*	<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Department name	Daytime phone	
Email	License plate #	SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) (Check all that apply) <input type="checkbox"/> bicycle <input type="checkbox"/> bus <input type="checkbox"/> carpool <input type="checkbox"/> train <input type="checkbox"/> vanpool <input type="checkbox"/> walk <input type="checkbox"/> other: _____
Home address		
Worksite address (if employee or postdoc)		Please sign on Page 2

2 ADDITIONAL MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)	Stanford ID #/Hospital file ID*	<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Department name	Daytime phone	
Email	License plate #	SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) (Check all that apply) <input type="checkbox"/> bicycle <input type="checkbox"/> bus <input type="checkbox"/> carpool <input type="checkbox"/> train <input type="checkbox"/> vanpool <input type="checkbox"/> walk <input type="checkbox"/> other: _____
Home address		
Worksite address (if employee or postdoc)		Please sign on Page 2

3 ADDITIONAL MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)	Stanford ID #/Hospital file ID*	<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Department name	Daytime phone	
Email	License plate #	SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) (Check all that apply) <input type="checkbox"/> bicycle <input type="checkbox"/> bus <input type="checkbox"/> carpool <input type="checkbox"/> train <input type="checkbox"/> vanpool <input type="checkbox"/> walk <input type="checkbox"/> other: _____
Home address		
Worksite address (if employee or postdoc)		Please sign on Page 2

4 ADDITIONAL MEMBER (all information is required)		CHECK ONE BOX BELOW
Name (Last name, First name)	Stanford ID #/Hospital file ID*	<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee <input type="checkbox"/> Commuting student or postdoc <input type="checkbox"/> Other (sponsorship form required)
Department name	Daytime phone	
Email	License plate #	SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) (Check all that apply) <input type="checkbox"/> bicycle <input type="checkbox"/> bus <input type="checkbox"/> carpool <input type="checkbox"/> train <input type="checkbox"/> vanpool <input type="checkbox"/> walk <input type="checkbox"/> other: _____
Home address		
Worksite address (if employee or postdoc)		Please sign on Page 2

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

**CARPOOL PERMIT**  
 Revised 9/09





# 2009-10 COMMUTE CLUB / CARPOOL PERMIT APPLICATION

## PERMIT PRICES

Purchase price during the month of:	A		C	
	Annual 12-MO. (thru 8/31/10)	Academic 10-MO. (thru 6/30/10)	Annual 12-MO. (thru 8/31/10)	Academic 10-MO. (thru 6/30/10)
SEPT. 2009	\$726	\$605	\$282	\$235
OCTOBER	\$665.50	\$544.50	\$258.50	\$211.50
NOVEMBER	\$605	\$484	\$235	\$188
DECEMBER	\$544.50	\$423.50	\$211.50	\$164.50
JAN. 2010	\$484	\$363	\$188	\$141
FEBRUARY	\$423.50	\$302.50	\$164.50	\$117.50
MARCH	\$363	\$242	\$141	\$94
APRIL	\$302.50	\$181.50	\$117.50	\$70.50
MAY	\$242	\$121	\$94	\$47
JUNE	\$181.50	\$60.50	\$70.50	\$23.50
JULY	\$121		\$47	
AUGUST	\$60.50		\$23.50	

## CARPOOL CREDIT

Your carpool will receive "Carpool Credit" for each member other than the primary member. Refer to this table to determine the amount for which you qualify.

Months	2-person carpool	3-person carpool	4-person carpool
12	\$282	\$564	\$846
11	\$258.50	\$517	\$775.50
10	\$235	\$470	\$705
9	\$211.50	\$423	\$634.50
8	\$188	\$376	\$564
7	\$164.50	\$329	\$493.50
6	\$141	\$282	\$423
5	\$117.50	\$235	\$352.50
4	\$94	\$188	\$282
3	\$70.50	\$141	\$211.50
2	\$47	\$94	\$141
1	\$23.50	\$47	\$70.50

## HOW THE PROGRAM WORKS

Through the carpool program, Stanford Parking & Transportation Services will reduce the cost of your carpool permit by up to \$282 per year for every carpool member other than the primary member (a carpool with two people can receive up to \$282; with three members up to \$564, etc.). Please see the "Permit Prices" table above for the permit options and rates, and the "Carpool Credit" table above for the credit amounts.

If your carpool credit of up to \$282 per year is less than the cost of your permit, you may pay the balance for the permit to P&TS through cash, check, credit card, payroll deduction (if eligible) or bank deduction services outlined below. If your carpool credit exceeds the amount of your permit, P&TS will pay the excess balance to your carpool, dividing the payment among all members at the end of the academic year or at the end of your carpool, whichever comes first.

If your carpool changes, you must return your carpool permit. If you return a carpool permit before the expiration date, Carpool Credit will be calculated based on the return date.

## PAYROLL DEDUCTION SERVICE

Please read the **Pre-Tax and Parking Program** descriptions on our website at [transportation.stanford.edu](http://transportation.stanford.edu). You can also arrange to have a copy faxed to you by calling our Customer Service desk at 650.723.9362.

**AUTHORIZATION:** I have read and understand the information regarding the **Parking Payroll Deduction Program**. I also understand that upon signing this application I am authorizing all deductions for the duration of this parking permit. I must re-submit a parking permit application and return my permit to cancel payroll deduction. I understand that any exchanges or returns must be made by 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, LPCH, OR CLINIC EMPLOYEES:** I authorize Stanford Hospital & Clinics to withhold from my paycheck any payments due for the period I own the permit. I understand that if I terminate or otherwise become ineligible for the program, that the full balance of my permit will be deducted on an after-tax basis. If applicable, the Payroll Department will refund to me any amounts withheld in excess of the charges accrued at the time I return my permit to the Parking & Transportation Services office. I further understand that if I take an unpaid vacation or a leave of absence, that 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.

## AUTOMATIC BANK DEDUCTION SERVICE

This program deducts payments from your bank account. It is not the same as the university payroll automatic paycheck deposit system or our payroll deduction service.

**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.

CARPOOL PERMIT

Revised 9/09

**2009-10 COMMUTE CLUB / CARPOOL PERMIT APPLICATION****EMERGENCY RIDE HOME**

**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.

**IF YOU LOSE OR NO LONGER NEED YOUR PERMIT**

**IF YOU NO LONGER NEED YOUR PERMIT**, bank draft withdrawals or payroll deductions will not stop until you return the permit to Parking & Transportation Services.

**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 with a police report.)

**IF YOUR CARPOOL CHANGES OR ENDS**

If your carpool breaks up, **your carpool permit is no longer valid and must be returned immediately**. If your carpool situation changes (a member leaves, a new member is added), a new permit must be issued. Bring your old carpool permit to the office and complete a new application.

**ADDITIONAL INFORMATION**

- Carpool members are automatically enrolled in the Commute Club and Emergency Ride Home programs.
- If you want to recruit new carpool members, visit [transportation.stanford.edu/ridematch](http://transportation.stanford.edu/ridematch) to use our free online Ride-matching Service. For further information, please call our office at 650.723.9362.