



P&T

UNIVERSITY of MIAMI PARKING & TRANSPORTATION SERVICES 2020-21 MOBILITY INCENTIVE PROGRAM

BENEFITS:

- 400 Well 'Canes Points (ONE-TIME) when returning a parking permit
- 150 Well 'Canes Points each year of not owning a parking permit
- 6 Emergency Ride Home vouchers (when registered with South Florida Commuter Services)

WHO ARE YOU? (Proof of UM affiliation required)

| | | | |
|--------------------------|-----------------------|---|----------|
| LAST Name | FIRST Name | Affiliation (Choose one) | |
| Daytime phone | C Number | <input type="checkbox"/> Miller School of Medicine <input type="checkbox"/> Telecommuter | |
| Full email address | Department name | | |
| Worksite: Street address | Suite/Building number | City | Zip code |

ELIGIBILITY You must meet ALL of the following criteria for the duration of your mobility program

- I do not drive and/or park at the Miller School of Medicine or at any University owned or leased parking lot. My primary commute is to Miller School of Medicine.
- I am actively employed full-time at Miller School of Medicine.
- I will be commuting to Miller School of Medicine for the duration of my mobility program membership.
- I am not an evening or night shift employee.
- I understand that if I intentionally give false information to obtain membership in the Mobility Program, I may lose my privilege to receive any transportation benefits from the University of Miami.

SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S) (Use "1" for primary, and "X" for others that apply.)

__ bicycle __ bus __ carpool __ train __ carshare __ walk __ other:

EMERGENCY RIDE HOME

The Emergency Ride Home program assures alternative transportation users they will not be stranded on campus in the event of an unexpected personal emergency. As a Mobility Program member, you must register with South Florida Commuter Services for the ERH program, and your registration must be renewed each year for the duration of your employment or enrollment at UM. Please visit miami.edu/mobility for further details and restrictions.

AUTHORIZATION AND SIGNATURE

EMERGENCY RIDE HOME (ERH)

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 (South Florida Commuter Serviced), I am acting in the course and scope of official UM business, nor does it establish an employer-employee or agency relationship between UM and the service provider.

MOBILITY PROGRAM

I certify that I meet each of the eligibility criteria for the mobility program and the above information is true. I understand that if my employment changes, including work-site relocation, I must notify Parking & Transportation (Coral Gables) to terminate my membership and return any unused daily passes to Parking & Transportation. I also understand that during any period of time, I may not have a valid monthly or annual parking permit and claim the mobility program benefits simultaneously.

X _____
SIGNATURE DATE

MOBILITY INCENTIVE PROGRAM