



San Francisco Emergency Ride Home Program Supervisor Approval Form

If your qualifying emergency is unscheduled overtime, please include this form with your online reimbursement request form. You may also mail this form and receipts to:

San Francisco Emergency Ride Home Program
1155 Market Street, 3rd Floor
San Francisco, CA 94103

Your: **1)** online request form, **2)** receipt(s), and **3)** supervisor approval must be received within 30 days from the trip date, and by June 30 of the current fiscal year. Your reimbursement will not be processed if we do not receive all three items within the specified time period.

Company/Department:	
Employee Name:	Date of Ride:

Supervisor Approval

By signing below, you acknowledge that you are aware and approve of your employee's Emergency Ride Home request.

Supervisor Name:	
Supervisor Phone #:	Supervisor E-mail:
Supervisor Signature:	

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