



TRANSPORTATION ALTERNATIVES PROGRAM (TAP) MONTHLY EMPLOYMENT/WORK STATUS REPORT

To all Supervisors: Employees working on a limited or hourly basis or are in a program such as: student-intern, hourly/limited or part-time, and clerical pool, who commute to work by bus and/or trolley, **at least 3 days each week**, are eligible to receive a City subsidized Compass Card.

The employee/volunteer must provide this completed form monthly to the TAP Coordinator. Completed form can be emailed to TAPAdmin@sandiego.gov or interoffice mailed to MS 51B.

Volunteers or Mentees Only: Monthly passes for **volunteers or mentees who are not on city payroll** are sold and renewed between the 1st through the 12th of each month from 9 a.m. to 1 p.m. Volunteers or mentees will need to make their TAP payment at the Treasury Lobby located at 1200 Third Avenue, Suite 100 of Civic Center Plaza (CCP) between the 1st through the 12th of each month from 9 a.m. to 1 p.m. Once payment has been made at the Treasury lobby, TAP paperwork needs to be delivered to Risk Management located on the 10th floor of CCP between the 1st through the 12th of each month from 9 a.m. to 1 p.m. Once the TAP Administrator verifies the paperwork and payment, they will activate the TAP pass.

Please review the following compass card subsidy eligibility guidelines with your employee/volunteer:

- 1) Employee/volunteer must work a **minimum of three (3) days each week and use public transit as their primary mode of transportation to commute to and from their City of San Diego job.**
- 2) Compass cards are for the exclusive use of the employee/purchaser and cannot be sold, loaned, or given to any other person for any reason.

Employee Name: _____ **Employee's PERNR #:** _____

Employment Status (Check One): Clerical Pool Hourly Part-time Limited Student-Intern

Better Impact Program Participant Name: _____ **Volunteer ID #:** _____

_____ **Work Status (Check One):** Volunteer Intern Mentee

I verify that the above mentioned is currently under my direct supervision and is scheduled to work ____ (#) days during the month of _____ (Month/Year of pass being purchased for).

The above employee is scheduled to end employment in our department on _____ (Month/Year).

Supervisor's Signature (Original)

Supervisor's Name (Printed)

Position Title

Department/Division

Mail Station

Phone

Thank you for your assistance.
Please contact the TAP Coordinator if you have any questions.
TAPAdmin@sandiego.gov
Tel, (619) 236-6704 or (619) 236-5972