

RISK MANAGEMENT DEPARTMENT – TRANSPORTATION ALTERNATIVES PROGRAM

TAP PARTICIPATION LOG

For the Month of _____, 20_____

Please fill in blanks with appropriate code numbers.

Date	To Work	From Work
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____
31	_____	_____

<p>Codes:</p> <ul style="list-style-type: none"> 1 = Bus 2 = Coaster 3 = Trolley 4 = Van Pool 5 = Approved Leave (Vacation, Sick...etc) 6 = Holiday 7 = City Business (Parking Permit used) 8 = Car Pool
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I Participated _____ days this month.
(Total # of 4's)

Please complete this form and submit each month along with reimbursement request form and receipt.

I HEREBY CERTIFY THAT THIS PARTICIPATION LOG CLAIM IS CORRECT AND TRUE.

NAME (PRINT)	
EMPLOYEE SIGNATURE	Supervisor Name/Phone #