



# city of san luis obispo

## TRIP Program: Increased Time off Certification form to be completed each year in January.

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Work Site: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

What year is this for? \_\_\_\_\_

TRIP commitment (check only one)	Benefit
<input type="checkbox"/> I used alternative transportation an average of one (1) day per work week	<input type="checkbox"/> 4 hours of additional vacation
<input type="checkbox"/> I used alternative transportation an average of two (2) days per work week.	<input type="checkbox"/> 8 hours of additional vacation
<input type="checkbox"/> I used alternative transportation an average of three (3) days per work week.	<input type="checkbox"/> 12 hours of additional vacation
<input type="checkbox"/> I used alternative transportation an average of four (4) days per work week.	<input type="checkbox"/> 16 hours of additional vacation

I hereby certify that I used alternative transportation to get to and from work at the levels stipulated above. I notified my supervisor if I was unable to use alternative transportation for work trips as stipulated. I understand that I am only eligible to receive this program's benefits if I maintained my commitment throughout the year. I have kept a calendar, noted the days that I used alternative transportation, and submitted my calendar to my supervisor for review.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### When signed, forward to Supervisor

I have reviewed the employee's use of alternative transportation over the past year for trips to and from work. I agree that the employee's performance meets or exceeds the level stipulated in this agreement and authorize the Finance/I.T. Department to provide the added vacation credit as stipulated above.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

When Supervisor signs please forward to HR via email