

# State of Arizona Vanpool Employee Subsidy Application



PLEASE PRINT

Employee Name \_\_\_\_\_

Home Address \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Agency \_\_\_\_\_

Agency Mailing Address \_\_\_\_\_

City/Room Number/Mail Drop \_\_\_\_\_

Return your completed application via email to [RideShareHelp@azdoa.gov](mailto:RideShareHelp@azdoa.gov)

Mail or interoffice:  
ADOA Travel Reduction Office  
100 N. 15th Ave., #305  
Phoenix, AZ 85007

Questions?  
602.542.RIDE

## Policies and Procedures

1. Monthly vanpool subsidies will ONLY be available to State employees who live or work in a vehicle emissions control area and commute in a vanpool sponsored by a regional transportation authority (RTA) or through a state agency-sponsored vanpool. Employees of State universities are not eligible.
2. A monthly subsidy, equivalent to the state employee's portion of the lease fee, will be paid directly to the RTA or sponsoring agency on behalf of each eligible employee. In order for their subsidy to be paid, employees must have a completed vanpool subsidy application on file with the Department of Administration Travel Reduction Office and their names must appear on the monthly invoice from the RTA or sponsoring agency. In order for their name to appear on the RTA invoice, the vanpool driver MUST submit a copy of the monthly passenger report to the RTA by the first of each month. If the passenger is not paying a full month's fare, the monthly subsidy will also be prorated.
3. Employees are responsible for paying fuel costs in the manner prescribed by the vanpool coordinator, RTA or sponsoring agency.
4. Automobile liability insurance is provided by the RTA through a contract with a third-party vanpool provider for vanpools managed through the RTA.
5. The State may change these vanpool subsidy policies and procedures from time to time and will notify participants. The State reserves the right to cancel this program at any time, with at least two weeks' notice.

**I have read and agree with the above policies governing vanpool subsidies.**

**X**

Date: \_\_\_\_\_

Employee's Signature

If you need this information in an alternative format, please call 602.542.RIDE

(01/20)