



California Vanpool Authority Emergency Ride Home Program (ERHP) Travel Request & Authorization Form

Call came in at:
Time: _____ : _____
AM / PM

During the 2019/2022 pandemic, CalVans staff may not transport more than 4 individuals per 15-passenger van or 2 individuals for an 8-passenger vehicle. This policy applies during the transport of CalVans program participants for the Emergency Ride Home Program as required by CalOSHA (California Code of Regulations (CCR), Title 8, §3205(c)) COVID-19 Emergency Temporary Standards. The regulations are located at this link: <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

CalVans will provide the necessary PPE: gloves, sanitation wipes and facemask while insuring a sanitized vehicle

1. Reason for travel:

Separated from vanpool group due to;

- Mandatory OT Illness Scheduling

Other Reason: _____

Requestor's name: _____

Phone #: _____

I am a:

- Vanpool Driver Vanpool Passenger

From Vanpool # : _____

Main Driver's Name: _____

Phone #: _____

2. By signing this from I agree that

My vanpool main driver has approved the charge of \$70.00 for the ride I am about to receive.

or

I will be personally liable for the \$70.00 charge.

Signature of Requestor: _____

Date: _____

Address: _____

Email: _____

Contact Phone: _____

3. Travel Needs:

Date of Travel: _____

of Passengers Requesting a Ride: _____

To: _____

City: _____ State: _____ Zip: _____

From: _____

City: _____ State: _____ Zip: _____

4. CalVans Staff Name: _____

ERHP Van: _____

Start Time: _____ : _____ AM / PM

Beginning Odometer : _____

End Time: _____ : _____ AM / PM

Ending Odometer: _____

Trip was completed without incident and the individual/group was dropped off safely.

Trip was attempted, however the passengers did not complete the trip due to high temperature, refusal to wear mask/seatbelt or other significant issue.

Staff Signature: _____

Please submit to accounting to include in the following month's invoice or to bill the Requestor directly