

Guaranteed Ride Program

PURPOSE

To offer transportation certainty to Sheboygan County employees who arrive at work via something other than Single Occupancy Vehicle (SOV) and who, thereafter, need to leave work to resolve an emergency.

POLICY

To provide a free ride to employees to resolve a personal emergency or otherwise unsolvable inconvenience that prior planning could not have prevented.

ELIGIBILITY

Any Sheboygan County employee residing in Sheboygan County who carools (two or more people in a vehicle), uses transit, walks or bikes to work, and has a valid need to secure a ride is eligible. It is not necessary, but you are encouraged to sign the attached pledge and return it to the Planning & Resources Department.

Valid needs to secure a ride include:

- A family member suffers an emergency requiring an immediate response.
- A serious problem arises at their child's school or daycare center
- Their home or property is damaged by burglary, fire, etc.
- They become sick during the workday
- There is a storm event in which lightning strikes are occurring
- Their ridesharing partner has an emergency and they have no way to get home
- Unscheduled, approved overtime*
- An employee's non-SOV transportation breaks down and becomes unsafe (i.e. bicycle gear or tire breakdown).

Invalid reasons:

- Personal errands
- Medical or dental appointments
- Building evacuations
- Business travel
- Job related injuries
- Rain events without lightning occurrences
- Transit problems (the transit provider is responsible for providing another bus)
- Missed bus, carpool or vanpool ride home
- Employee feels they have no energy to bike or walk
- Other reasons deemed invalid by program administrator

*This program is not designed to provide emergency transportation to employees who regularly require overtime.

PROGRAM DESIGN

Employees needing an emergency ride may use this service to secure transportation for themselves to the location of the personal emergency, and then to a second location if necessary. For instance, the employee may need to respond to an emergency at a hospital, but may also need to pick up a child at school first. Or, a commuter may have to respond to an emergency at a school before going home.

An employee needing a late ride home at the end of their overtime day can only use this service to transport themselves directly home or to their vehicle.

FREQUENCY OF USE

An employee can avail themselves of this service no more than four times in a calendar year.

TRANSPORTATION OFFERED

The following transportation is eligible:

Public Transit – If you are able and transit serves your destination, you are encouraged to utilize the transit system. There are bike racks on all the transit buses.

Taxi – A taxi company of your choice may be called to secure your ride.

COST TO EMPLOYEE

The program will fully cover any incurred costs of emergency transportation up to \$100/year.

EMPLOYEE PROCEDURE

When an employee has an emergency, he or she may take public transit or the taxi service of their choice. The employee is to try and secure a receipt for the charge of the transportation. The receipt (if possible) along with a completed voucher is to be provided to the Planning & Resources Department. The employee will then receive reimbursement for the cost of the public transit or taxi. A copy of the voucher is attached.

FRAUD

Any employee taking fraudulent advantage of the program will be denied further emergency transportation services and from taking part in this program.

LEGAL

By using the Guaranteed Ride Home Program, the user/recipient acknowledges and agrees that although Sheboygan County is paying for the transportation service being provided, (a) Sheboygan County is released and discharged from any liability, claims, and demands for personal injury, loss, theft, or damage to personal property, loss of income, consequential damages resulting from delays or absence of taxi or public transit, for termination of the program or for any other loss attributable to the employees use of this program; and (b) the sole person and/or entity responsible and liable to the employee for any such injuries or other damages shall be the person and/or entity providing the transportation service.

GUARANTEED RIDE HOME VOUCHERS

(1) NAME _____

DEPARTMENT & EMPLOYEE ID# _____

REIMBURSAL AMOUNT _____

REASON FOR EMERGENCY RIDE* _____

DATE OF SERVICE _____

*Please keep this description general (i.e., medical emergency, home emergency, child emergency, etc.).
Send voucher to the Planning & Resources Department, Attn: Aaron, for reimbursement.

(2) NAME _____

DEPARTMENT _____

REIMBURSAL AMOUNT _____

REASON FOR EMERGENCY RIDE* _____

DATE OF SERVICE _____

*Please keep this description general (i.e., medical emergency, home emergency, child emergency, etc.).
Send voucher to the Planning & Resources Department, Attn: Aaron, for reimbursement.

(3) NAME _____

DEPARTMENT _____

REIMBURSAL AMOUNT _____

REASON FOR EMERGENCY RIDE* _____

DATE OF SERVICE _____

*Please keep this description general (i.e., medical emergency, home emergency, child emergency, etc.).
Send voucher to the Planning & Resources Department, Attn: Aaron, for reimbursement.

(4) NAME _____

DEPARTMENT _____

REIMBURSAL AMOUNT _____

REASON FOR EMERGENCY RIDE* _____

DATE _____

*Please keep this description general (i.e., medical emergency, home emergency, child emergency, etc.).
Send voucher to the Planning & Resources Department, Attn: Aaron, for reimbursement.

PLEDGE

I (_____) pledge to utilize

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biking or walking, carpooling, or transit for at least some of my commute trips to and from work. In exchange for this promise, I will be eligible for the County’s Emergency Guaranteed Ride Home Program. By signing this, I also acknowledge that I am able to use this service only for trips to/from the workplace, and that I will be making positive contributions to my health, to the air I breathe, and to the community as a whole.

Signed _____

Department _____

Date _____

Return to: County Planning & Resources Department
Attn: Mary or Aaron