



EV Workplace Charging Program Enrollment Form

Please check the following that apply.

- Enroll
 - Voluntary Payroll Deduction Form attached

- Cancel enrollment

Employee Name: _____

District Building/Location: _____

Contact Info

Cellphone #: _____

District Email Address: _____

Vehicle Make/Model: _____

Vehicle Color: _____

I hereby authorize SACRAMENTO CITY UNIFIED SCHOOL DISTRICT to share the following information with other members of the EV Workplace Charging Program at my same district location for communication purposes.

Signature: _____ Date: _____