Commuter Transportation Survey Form

* Indicates required field

1. **First Name** *
   ![First Name field]

2. **Enter Your Employee ID Number** *
   ![Employee ID field]

3. **Home Address (Address is confidential per state law)**
   Number (No P O Boxes) ![Home Number field]
   Street ![Home Street field]
   City * ![Home City field]
   Zip Code* ![Home Zip Code field]

4. **Closest Major Intersection to Your Home** *
   ![Intersection field]
   & ![Intersection field]
   Provide both intersecting street names

5. **Contact Phone Number** *
   Area Code ![Phone Area Code field]
   - ![Phone dash field]
   - ![Phone dash field]
   Extension ![Phone Extension field]
   Is this number:
   [ ] Work, Home, Cell
   [ ] [ ]

6. **Typical Work Hours?** * (Circle AM or PM)
   ![Start Time field]
   : ![Start Time field]
   AM ![AM field]
   PM ![PM field]
   Leave Time
   ![Leave Time field]
   : ![Leave Time field]
   AM ![AM field]
   PM ![PM field]
   a. If your work hours vary from day to day please check here [ ]
   b. If you have up to one-hour flexibility in your start and leave times, please check here [ ]

7. **Enter Your Department Name**
   ![Department Name field]

8. **Email Address**
   ![Email Address field]

9. **Typical Commute Mode?** * (Check one box)
   
   [ ] Drive alone
   [ ] Carpool
   [ ] Vanpool
   [ ] Public Bus
   [ ] Metrolink/Rail
   [ ] Walk
   [ ] Bicycle
   [ ] Telecommute
   [ ] Motorcycle

10. **Yes:** Please send me a RideGuide which provide a list of commuters (including co-workers) who live near me and are interested in sharing a ride to work. The RideGuide also provides information on other ridesharing options such as Metrolink, vanpools and public transit. By checking yes, I understand that my name and telephone number will be provided to other commuters who want to carpool to work.

    **No:** I do not want to receive a RideGuide at this time.

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*Per California Penal Code section 637.6, this Information will only be used for ridesharing purposes. Home addresses are never disclosed. Regional ridesharing services are provided by a joint partnership of a four county region: Los Angeles County Metropolitan Transportation Authority, Orange County Transportation Authority, Riverside County Transportation Authority and San Bernardino Associated Governments.*

**SHARE THE RIDE**

For more information on ridesharing call 511 and say: "Los Angeles County Rideshare"

PLEASE COMPLETE SIDE 2 →

Page 1
Instructions:
1. You must enter the time you began to work for each day. For sick days, vacation or day(s) off, enter normal start time.
2. Please circle AM or PM for each of the 5 days.
3. Place a check mark ✓ in each column telling us how you arrived to work. There should only be one mark for each day.

Survey Week Dates

Time you Began Work for each day
Circle AM or PM

COMMUTER MODE
MAKE ONE SELECTION FOR EACH DAY
A. Drive Alone
B. Motorcycle
C. 2 Persons in Vehicle
D. 3 Persons in Vehicle
E. 4 Persons in Vehicle
F. 5 Persons in Vehicle
G. 6 Persons in Vehicle
H. 7 Persons in Vehicle
I. 8 Persons in Vehicle
J. 9 Persons in Vehicle
K. 10 Persons in Vehicle
L. 11 Persons in Vehicle
M. 12 Persons in Vehicle
N. 13 Persons in Vehicle
O. 14 Persons in Vehicle
P. 15 Persons in Vehicle
Q. Bus
R. Rail/Plane
S. Walk
T. Bicycle
U. Zero Emission Vehicle
V. Telecommute (reduction of more than 50% of trip)
W. Noncommuting

COMPRESSED WORK WEEK DAY(S) OFF
X. 3/36 work week days off (2 days)
Y. 4/40 work week day off (1 day)
Z. 9/80 work week day off (1 day)

OTHER DAYS OFF
AA. Vacation
BB. Sick
CC. Regular Day Off, Jury Duty, LOA, etc.

Signature: _______________________________ Date: ____________________

Thank you for your cooperation!

Share the Ride
Call 511 (and say "Los Angeles County Rideshare")
INSTRUCTIONS FOR COMPLETING THE COMMUTER TRANSPORTATION SURVEY

The following information is required for completing the survey:

Side 1
First Name, Last Name and Initial
Enter your Employee ID number
Home City and Zip Code
Closest Major Intersect to Your Home
Contact Phone Number (either work, home or cell)
What are Your Normal Work Hours?
If you wish to participate in the ridematching program and receive a RideGuide, a free personalized resource list of available commute options and company incentive information for regular and emergency use, check question 9
If you do not wish to participate in the ridematching program and receive a RideGuide with free PERSONALIZED information on commuting alternatives, check question 10

Side 2
Indicate the time you began work for each day of the designated survey week and circle a.m. or p.m. as applicable. For days off, enter your schedule start time.
Place only one checkmark in each column to indicate your Commuter Mode. Rows A — W indicate Commuter Modes. Rows X — Z (if applicable), indicate Compressed Work Week Day(s) Off. Rows AA — CC (if applicable), indicate Other Days Off. After completing the form there should only be 5 checkmarks in columns A — E, one checkmark for each day of the week.
Signature and Date

Definitions

Persons In Vehicle
Number of people sharing your ride to work for more than 51% of the trip (including children, drop-offs, working or non working spouses)

Noncommuting
Worked for your company, but did not travel to or from work, on one or more days including:
- Overnight stay at workplace such as firefighters, hospital employees, etc.
- Worked outside the SCAQMD Jurisdiction (SCAQMD jurisdiction includes: non-desert portions of Los Angeles County, non-desert portions of San Bernardino County, all of Orange County and all of Riverside County)

Compressed Work Week Days Off
If you worked a compressed work week and had day(s) off during the survey week, indicate your scheduled days off in the appropriate row (X — Z) and column (day):
- 3/36 — Work 3 days/12 hours each day — Place two checkmarks in row X for the two days you were off
- 4/40 — Work 4 days/10 hours each day — Place one checkmark in row Y for the one day you were off
- 9/80 — Work 9 days/80 hours — Place one checkmark in row Z for the one day you were off

Metro