Employee Information (Please Print)
Note: all information is required

Employee Commuter Survey Form

Rio Hondo College

1. First Name/Last Name /Middle Initial _____ Employee I.D. # _____

2. Home Street Address _____ City _____ State _____ Zip _____
(Address is confidential and will not appear on anyone else's RideGuide *)

3. Intersection Closest to Your Home _____ Email Address _____

4. Area Code, Phone Number and Extension _____ Cell ☐ Home ☐ Work ☐ Work Department _____

5. Signature _____ Date _____

6. Typical Commute Mode (Check one box)

☐ Public Bus ☐ Metrolink/Rail ☐ Walk ☐ Bicycle ☐ Telecommute
☐ Drive Alone ☐ Motorcycle ☐ Carpool ☐ Vanpool

7. Typical Work Hours (Circle AM or PM) Start Time ___:___ AM/PM and End Time ___:___ AM/PM
   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 time, please check here ☐

Instructions:

- You must enter the time you began work each day. **For sick days, vacation, or regular day(s) off, enter normal start time.**
- Please circle AM or PM for each day of the survey week.
- Fill in the correct letter from the **Transportation Modes Legend,** for each day indicating how you arrived to work.

Transportation Modes Legend*

A	Zero Emission Vehicle	**L**	4 Persons in Vehicle	**W**	15 Persons in Vehicle
B	Bus	**M**	5 Persons in Vehicle		**Compressed Work Week Day(s) Off**
C	Rail/Plane	**N**	6 Persons in Vehicle	**X**	3/36 work week days off (2 days)
D	Walk	**O**	7 Persons in Vehicle	**Y**	4/40 work week days off (1 day)
E	Bicycle	**P**	8 Persons in Vehicle	**Z**	9/80 work week day off (1 day)
F	Telecommute	**Q**	9 Persons in Vehicle		**All Other Days Off**
G	Noncommuting	**R**	10 Persons in Vehicle	**AA**	Vacation
H	Drive Alone	**S**	11 Persons in Vehicle	**BB**	Sick
I	Motorcycle	**T**	12 Persons in Vehicle	**CC**	Regular Day Off, Jury Duty, LOA, etc.
J	2 Persons in Vehicle	**U**	13 Persons in Vehicle		
K	3 Persons in Vehicle	**V**	14 Persons in Vehicle		

***Any rideshare mode must be used for at least 51% of the total trip distance in order to qualify.**

Survey Week Dates>> 2022	/	/	/	/	/
1. Enter the Time you Began Work (Circle am or pm)	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
2. Fill in transportation mode from legend here (letters A-CC)					

Indicate days >>>>>>>> Departure

1. Enter the Time you Departed Work (Circle am or pm)	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
2. Fill in transportation mode from legend here (letters A-CC)					

8. ☐ Yes: Please send me a RideGuide which provides a list of commuters (including co-workers) who live near me and are interested in sharing a ride to work. The RideGuide also provides a list of Park and Ride lot locations and information on other ridesharing options such as Metrolink/rail, vanpools and public bus. By checking yes, I understand that my name, telephone number, and/or email address will be provided to other commuters who want to carpool to work.*
9. ☐ No: I do not want to receive a RideGuide at this time. *

*Per California Penal Code section 637.6 this information will be used for carpooling or ridesharing purposes. I understand that my signature allows the information provided to be used for ridesharing purposes in the regional ridematching database sponsored by Metro, OCTA, VCTC and through joint partnerships with local cities and Transportation Management Associations to promote ridesharing programs and reduce congestion. I understand these entities are strictly prohibited from disclosing this information to any other third parties. I acknowledge that my participation in ridematching is voluntary and that I am responsible for my participation in a rideshare arrangement. I understand that the sponsoring agencies shall have no responsibility or liability for any claims, expenses or damages resulting from any individual's participation.

Metro

For more information call 213.922.2811 or sharedmobility@metro.net

11.15.22

INSTRUCTIONS FOR COMPLETING THE TRANSPORTATION SURVEY

The following information is required for completing the survey:

1. First name, last name and middle initial
   Employee ID number
2. Home Street address
   City and state and zip code
3. Closest major intersection to your home (the two streets listed must intersect)
   Email address
4. Contact phone number with area code and extension (please designate if either work, home or cell number)
   Work department or section name
5. Signature and the date you completed the survey
6. How do you normally get to work?
7. What are your normal work hours?
   If your work hours vary from day to day, please check the box
   If you have flexibility in your start and leave time, please check the box
8. ETC will enter the survey week before printing the survey form

1. Indicate the time you began work for each day of the designated survey week dates listed
   Circle a.m. or p.m. for each day
   For days off, sick or vacation, you must your "typical" start time even if you were absent from work. Write in the transportation code that indicates how you travel to work using the Transportation Modes Legend (A – W). For compressed work week day(s) off use Transportation Modes Legend (X – Z). For other day(s) off, vacation or sick, use Transportation Modes Legend (AA – CC).
2. Indicate the time you departed work for each day of the designated survey week dates listed
   Circle a.m. or p.m. for each day
   For days off, sick or vacation, you must your "typical" departure time even if you were absent from work. Write in the transportation code that indicates how you departed from to work using the Transportation Modes Legend (A – W). For compressed work week day(s) off use Transportation Modes Legend (X – Z). For other day(s) off, vacation or sick, use Transportation Modes Legend (AA – CC).

If you wish to participate in the ridematching program and receive a free RideGuide, a personalized resource listing of available commute options, company incentives, vanpool and transit information for regular or emergency use, please check **YES** to question 8.
If you do not wish to participate in the ridematching program at this time, check the no box to question 9.

Transportation Modes Definitions:

Zero Emission Vehicle	If you drive alone or carpool in a 100% zero emission vehicle, write "A" in the mode box for all applicable day(s). If you drive a Plug-In Hybrid Electric Vehicle (PHEV) and the entire trip to work is made exclusively under electric power, this commute mode also applies.
Telecommute	If you worked from home or at a telework center that reduces the commuting distance between your home and worksite by at least 51% enter mode "F."
Noncommuting	If you worked for your company, but did not travel to or from the worksite, on one or more days for the following reasons – write in mode "G" in the commute mode box: • 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)
Persons in Vehicle	Number of people sharing the ride to work for more than 51% of the trip (including children, drop-offs, working or non-working persons).
Compressed Work Week	If you worked a compressed work week schedule and had day(s) off during the survey week, indicate your scheduled days off using transportation codes (X – Z): • 3/36 – Worked 3 days/12 hours each day – Write in "X for the two days you were off • 4/40 – Worked 4 days/10 hours each day – Write in "Y" for the one day you were off • 9/80 – Worked 9 days/80 hours – Write in "Z" for the one day you were off
All Other Day(s) Off	If you were on vacation, sick, had a regular day off, were on jury duty, leave of absence, etc., indicate your day(s) off using transportation codes (AA – CC).

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