



COMMUTE TRIP REDUCTION INCENTIVE PROGRAM ENROLLMENT FORM

Name: _____ Department: _____

Title: _____ Enrollment Effective Date: _____

FOR INFORMATIONAL PURPOSES ONLY

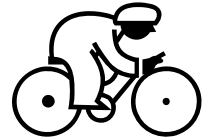
Circle mode(s) you anticipate using:



(7-15 people)



(2-6 people)



Number of miles to work (one-way): _____

Circle estimated frequency of non-SOV commutes per month:

4-6 days

7-8 days

9-10 days

11-12 days

13+ days

Has this program created an incentive for you to use a non-SOV mode more frequently than you have before: Yes No

I understand that in order to continue receiving the financial incentive, I may be required to renew my enrollment to the program on an "as needed" basis as determined by the Employee Transportation Coordinator. My signature below also indicates that I have read the City's Commute Trip Reduction policy and agree to the terms of the policy.

Employee signature

Date

For ETC Use Only

Effective Date: _____ Timesheet Tracking Activated: _____