

Employers Participation Form



Company: _____ Date: _____

Contact Name & Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

1. Approximately how many of your employees work at this location? _____

2. To the best of your knowledge, which of the following commute alternatives does your company encourage, or support, at this worksite? (Please check all that apply)

- Carpooling
 Vanpooling
 Public Transit
 Start time before 7:30 am
 Start time after 10:00 am
 Telecommuting - allowing some or all employees to work at home some or all of the time
 Compressed schedules - i.e. working 40 hours in four days with the fifth day off
 Flextime (allowing employees to adjust their schedules so they can carpool or use transit)
 Other (please explain)

3. Does your company participate in any of the following programs (Please check all that apply)

- On-site employee ridematching
 Long Island Transportation Management's Guaranteed Ride (GR) Program
 Company-run Guaranteed Ride Program
 Preferential parking for carpools and vanpools
 TransitChek" Program or comparable Commuter Tax Benefit
 Company subsidy for commute alternatives (e.g., transit subsidy, bike helmet purchase, etc.)
 Designated area(s) for commute alternatives information (e.g., transit info, rideshare info, etc.)
 On-site Commuter Fairs to provide employees with information on commute alternatives
 Other (please explain)

 4. What would best describe the type of work that is performed at your worksite?
 (ex-Manufacturing, Retail, Distribution)

 5. You will be receiving a free supply of our publication, GO. How many would you like? (Min. of 25) _____
 Do you have special instructions for the delivery of GO? _____

6. Your Organization will be a part of the Ozone Action Day Program. (You will be notified by E-mail)

7. Your Organization's name will be included in LITM's website and promotional materials unless otherwise requested.

 Please fax this form to **(631) 777-7815** or mail to: **LITM, 510 Broad Hollow Rd, Suite 206, Melville, NY 11747.**

 Questions? Please call **(877) 4COMMUTE**

 Thank you for choosing to participate in the Commuter Choice Program!