
Name

Must be a Regular Full or Part time employee to be eligible.

Dept. (North or South County?)

TDM PROGRAM COMPLIANCE STATEMENT AND REGISTRATION

1. In order to participate in the Santa Barbara County Transportation Demand Management Program, I shall travel to and from work by the following alternative mode of transportation at least 8 regularly scheduled workdays in a pay period:

_____ *Carpool with at least one other County employee**

_____ *Carpool with at least one other employee**

_____ *Vanpool**

_____ *Bus*

_____ *Walk*

_____ *Bicycle*

_____ *Buspool (Clean Air Express Bus)*

_____ *Ride a Motorcycle*

_____ *Telecommute*

_____ *Combination of Alternatives*

** If this commute mode is elected, a supplemental Car/Vanpool form must be completed.*

List your chosen alternative(s) and the number of days you will commute to work in each alternate mode.

Mode _____ *Number of days per pay period* _____

Mode _____ *Number of days per pay period* _____

Mode _____ *Number of days per pay period* _____

2. I understand that I MUST use alternative transportation at least 80% of my regular scheduled workdays each pay period, to qualify for the Vacation Incentive Award.

3. I understand that parking will be free to all employees regardless of their commute mode. At locations where on site parking shortages exist, a parking management plan will be developed and implemented. The County does not guarantee every employee a parking space with the exception of an approved carpool or vanpool consisting of at least two County employees.

4. I understand that participation in the TDM Program is voluntary. If at any time I become ineligible, or elect to discontinue participation, or make a change in my choice of commute mode, I will immediately complete a revised compliance form and provide a copy to my supervisor, and the original to my Department Transportation Coordinator (usually Dept. Payroll Clerk).

5. I understand that any incentives I receive from the TDM Program are treated as a taxable benefit subject to FICA, Medicare and State and Federal withholding.

6. I authorize the Dept. Transportation Coordinator to verify my commute mode.

7. I understand if I am found falsifying any document(s) in order to obtain incentives for which I am ineligible, disciplinary action may be taken.

COMPLETE THE FOLLOWING (please print):

Employee Name: _____ Phone _____

Employee Home Address: _____
Street City Zip

Work Hours: _____ to _____ Work Location _____

Department/Division: _____ / _____

Number of scheduled workdays in a pay period: _____
(Alternative schedule days off are considered scheduled workdays for this purpose.)

How many of these days do you use alternative transportation? _____
(9/80 and 4/10 days off are counted as rideshare days.)

Supervisor Name _____ Phone Ext.: _____

Employee Signature Date Supervisor Signature Date

Submit the original completed form(s) to your Department Employee Transportation Coordinator, and provide your supervisor with a copy.

**SANTA BARBARA COUNTY TDM PROGRAM
CARPOOL SUPPLEMENTAL REGISTRATION**

Directions:

- 1. Please complete this form if you are registered as a carpool with the County TDM Program.**
- 2. Submit the original completed form to your Department Employee Transportation Coordinator and provide a copy to your supervisor.**

Please PRINT the information for each carpooler below. The Supervisor of each employee must sign to verify the information.

Carpooler #1:

| | | |
|------------------------------|-------------------------|--------------------------|
| <i>Carpooler Name</i> | <i>Signature</i> | <i>Work Phone</i> |
|------------------------------|-------------------------|--------------------------|

| | | |
|----------------------------|--------------------|-------------------|
| <i>Home Address</i> | <i>City</i> | <i>Zip</i> |
|----------------------------|--------------------|-------------------|

| | | |
|-------------------------------|-------------------------|-------------------------|
| <i>Supervisor Name</i> | <i>Signature</i> | <i>Dept./Co.</i> |
|-------------------------------|-------------------------|-------------------------|

Carpooler #2:

| | | |
|------------------------------|-------------------------|--------------------------|
| <i>Carpooler Name</i> | <i>Signature</i> | <i>Work Phone</i> |
|------------------------------|-------------------------|--------------------------|

| | | |
|----------------------------|--------------------|-------------------|
| <i>Home Address</i> | <i>City</i> | <i>Zip</i> |
|----------------------------|--------------------|-------------------|

| | | |
|-------------------------------|-------------------------|-------------------------|
| <i>Supervisor Name</i> | <i>Signature</i> | <i>Dept./Co.</i> |
|-------------------------------|-------------------------|-------------------------|

Carpooler #3:

| | | |
|------------------------------|-------------------------|--------------------------|
| <i>Carpooler Name</i> | <i>Signature</i> | <i>Work Phone</i> |
|------------------------------|-------------------------|--------------------------|

| | | |
|----------------------------|--------------------|-------------------|
| <i>Home Address</i> | <i>City</i> | <i>Zip</i> |
|----------------------------|--------------------|-------------------|

| | | |
|-------------------------------|-------------------------|-------------------------|
| <i>Supervisor Name</i> | <i>Signature</i> | <i>Dept./Co.</i> |
|-------------------------------|-------------------------|-------------------------|

TURN OVER FOR EMPLOYEE SIGNATURE

Carpooler #4:

| | | |
|------------------------|------------------|-------------------|
| <i>Carpooler Name</i> | <i>Signature</i> | <i>Work Phone</i> |
| <i>Home Address</i> | <i>City</i> | <i>Zip</i> |
| <i>Supervisor Name</i> | <i>Signature</i> | <i>Dept./Co.</i> |

Carpooler #5:

| | | |
|------------------------|------------------|-------------------|
| <i>Carpooler Name</i> | <i>Signature</i> | <i>Work Phone</i> |
| <i>Home Address</i> | <i>City</i> | <i>Zip</i> |
| <i>Supervisor Name</i> | <i>Signature</i> | <i>Dept./Co.</i> |

I certify that the information provided on this form is correct. (Please copy and attach additional sheets as necessary. Attach this form to your completed Compliance Statement and Registration.)

Employee Name: _____ ***Phone Ext.:*** _____

Employee Signature: _____ ***Date:*** _____

**SANTA BARBARA COUNTY TDM PROGRAM
VANPOOL SUPPLEMENTAL REGISTRATION**

Directions:

- 1. Please complete this form if you are registered in a vanpool with the County TDM Program.**
- 2. Submit the original completed form to your Department Employee Transportation Coordinator and provide a copy to your supervisor.**

Please PRINT the information for your vanpool below. This information will be used to verify your participation in a vanpool.

Vanpool Company: _____

Vanpool Driver: _____

Vanpool Contact Phone Number: _____

I certify that the information provided on this form is correct.

Employee Name: _____ **Phone Ext.:** _____

Employee Signature: _____ **Date:** _____

For each pay period you comply with the participation requirement to earn TDM credit you must claim TDM on your timesheet. To claim TDM you code your timesheet under the earnings column with the code "TDM". No hours are entered.

If you forget to claim TDM for a pay period you may request to code it on the **SUBSEQUENT** timesheet only. You may not code TDM more once during any pay period without first notifying the Department TDM Coordinator, as all "retroactive" TDM claims must be pre-authorized.