Average Vehicle Ridership Survey Form

Employee Information

Name: ____________________________

Employee I.D.#: ____________________  Dept./Section: ____________________________

Phone Ext.: _________________________  Home Zip Code: ________________________  Miles to Worksite (one way): ________________

Signature: __________________________  Date: ____________________________

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Mode of Transportation

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  (Please indicate your typical start time on the day(s) you are on a 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  (Please indicate your typical start time on the day(s) you are off.)
AA. Vacation
BB. Sick
CC. Regular Day Off, Jury Duty, LOA, etc.

You should have only five (5) check marks, one for each day of the survey week.