



The Commute Trip Reduction (CTR) Program Report is a requirement for all CTR-affected employers to demonstrate compliance with State and City law. This report collects current information on employee transportation programs, policies, and benefits.

The Program Report covers the 2021-2022 reporting cycle and is due no later than January 31, 2022.

Satisfactory completion of this document and submission of any required attachments will demonstrate this worksite's compliance with the biennial CTR Program Report requirement. Commute Seattle will review the report for completeness before submitting it to the City of Seattle.

This document contains short answer and multiple-choice questions. If you have not completed the report before, some research into facilities and benefits will likely be necessary. You can preview the questions online at: www.commuteseattle.com/commute-trip-reduction. Prepare your responses in advance. Once your information is prepared, the report will take about 15 minutes to complete. If you have completed this report before, you need only take a few minutes to review, update your answers where appropriate, and sign. You can pause and come back to your report by using the "Finish Later" button.

We understand that due to COVID-19 your worksite may be seeing lower occupancy and/or utilizing altered operational protocols and transportation programs. Please accurately fill out the survey based on transportation elements currently offered.

Program Report Outline:

- Company Information
- Employee Communication and Amenities
- Subsidies and Modal Support
- Parking Management
- Administration and Engagement
- (Optional) Program Summary
- Certification

For more information on the Commute Trip Reduction Law, contact Commute Seattle at ctr@commuteseattle.com.



Company Information

(1) Select your company name

Company Name:

(2) Employee Transportation Coordination (ETC) Contact Information

First and Last Name:

Job Title:

Mail Address:

Mailing Address 2:

City:

State:

Zip Code:

Email Address:

Phone Number:

(3) Program Manager (or alternate ETC) Contact Information

First and Last Name:

Job Title:

Mail Address:

Mailing Address 2:

City:

State:

Zip Code:

Email Address:

Phone Number:



Company Information

(4) Highest Ranking On-Site Official

First and Last Name:

Job Title:

Email Address:

Phone Number:

(5) Please provide a current count of employees at your workplace, using the following definitions:

- Total employees: The total number of full-time employees employed by your workplace and based out of this worksite. As per WSDOT guidance, a full-time employee means an employee scheduled to be employed on a continuous basis for fifty-two (52) weeks for an average of at least thirty-five (35) hours per week, regardless of telework status.
- CTR affected employees: Full-time employees who begin their regular work day at between 6:00 a.m. and 9:00 a.m. (inclusive) on two or more weekdays for at least twelve continuous months, who are not independent contractors.
- Remember the CTR program will continue the long-standing practice of treating full-time remote workers as CTR-affected.

Total Employees:

CTR Affected Employees:

(6) As of TODAY, what percent (%) of your employees are working in the physical office space?

Percent of Employees On-Site:

(7) Does your organization plan to either maintain or implement a requirement to have employees spend some time in the office? What percentage of staff do you expect to be on site in the next year?



Company Information

(8) How has the COVID-19 pandemic impacted the commuter programs and benefits the worksite offers to employees?

(9) Does your worksite plan to move or consolidate locations in the next year?

No

Yes, please explain:



Category A: Employee Communication and Amenities

The City of Seattle Municipal Code requires the regular distribution of ETC contact information and transportation program information to employees.

(10) In what ways is ETC contact information readily available to your employees? (Check all that apply)

- Online employee website
- Break room poster
- Transit display or kiosk
- ETC contact information is not readily available
- Other (please specify)

(11) In what ways is commute information distributed to your employees? (Check all that apply)

- An intranet
- Information board or kiosk (digital or physical display)
- Employee newsletter or email
- Other (please specify)

(12) Employers are required to distribute information on commuter programs to all employees at least twice per year. Have you done so?

(13) How do you provide transportation program information to new hires? (Check all that apply)

- A new employee orientation
- Hiring packet
- New hire online modules
- Transportation program information is not provided to new hires
- Other (please specify)



Category A: Employee Communication and Amenities

(14) Do you offer the following to employees at this worksite?

- Telework or remote work options and hybrid scheduling to avoid or shift time of a commute trip
- Flex time so employees' start and end times can vary
- Compressed work week scheduling (i.e. working 40 hours in 4 days or 80 hours in a 9 day period)
- Employees may work at different worksites

(15) Do you offer a guaranteed ride home to employees who do not drive and must take an unplanned trip?

- No
- Yes, through ORCA
- Other (please specify)

(16) Are the following available to employees at your worksite? (Check all that apply)

- Employer-provided shuttle
- Internal circulator
- Employer-provided cars for employees to travel to off-site business appointments
- Employer-provided bikes or other mobility devices

(17) Do you provide any of the following carpool services? (Check all that apply)

- Internal carpool ride matching
- Internal Vanpool/vanshare program
- Rideshare Online or other 3rd party rideshare matching
- Other (please specify)



Category A: Employee Communication and Amenities

(18) Does your worksite have corporate accounts or discounts for employee use of the following?

- Zipcar or other carshare platform
- Lyft, Uber, Taxi, or other rideshare
- Bikeshare or Scootershare
- Waze, iCarpool, Scoop, or other carpool app

(19) Do you offer the following active transportation amenities at your worksite? (Check all that apply)

- Showers
- Lockers
- Bike car or secure bike room
- Covered bike racks
- Uncovered bike racks
- Bicycle maintenance or repair on site
- E-bike, e-scooter, or other micromobility device charging



Category B: Subsidies and Modal Support

The City of Seattle Municipal Code emphasizes the importance of investing in subsidies and other support for non-drive-alone commutes.

(20) Which King County Metro Business ORCA Programs does your workplace offer your employees?

(21) What percentage does your employer pay towards each individual's ORCA Business Passport?

Unknown

Percentage:

(22) Approximately how many employees use your ORCA Business Passport program?

(23) What dollar amount does your employer pay towards each individual's ORCA Business Choice per month?

Unknown

Dollar amount:

(24) Approximately how many employees use your ORCA Business Choice program?

(25) What is the total cost of your annual ORCA Contract at this workplace?

Not applicable

Unknown

Cost:

(26) Do you offer employees a general transportation subsidy? (e.g. a dollar amount that can be applied to any transportation cost)

No

Yes, dollar amount per month:



Category B: Subsidies and Modal Support

(27) Do you offer Vanpool and/or Vanshare? If yes, is vanpool offered through ORCA?

Yes No

(28) Do employees using Vanpool/Vanshare receive a subsidy towards it (other than parking, covered under next question)?

No

Yes, dollar amount per month:

(29) Do employees using Vanpool/Vanshare receive parking benefits?

(30) How many employees, in total, use the Vanpool and Vanshare benefit?

(31) Do you provide or promote carpool matching (via an internal site or a partner like Rideshare Online)?

(32) Do employees who carpool receive parking benefits?

(33) Do employees who carpool receive a subsidy towards their carpool (other than a parking benefit)?

No

Yes (please specify amount):

(34) How many employees participate in regular carpools?



Category B: Subsidies and Modal Support

(35) Do you offer active transportation subsidies? (for biking, scootering, running, walking, etc.)

(36) Please fill in details for any of the active transportation subsidies you offer. (e.g. "Reimbursement - \$20 per month")

	Amount (\$)	Frequency
Reimbursement		
Subsidy		
Discount on gear		
Maintenance		
Other (please specify below)		
None of the above		

(37) How many employees utilize these active transportation subsidies?

(38) Do you allow employees to set aside a portion of their Pre-Tax income (known as Pre-tax Transportation Benefit) to purchase a transit pass or Vanpool/Vanshare? ([Summary of Section 132\(f\) of the Internal Revenue Code](#))?

(39) Do you allow employees to use pre-tax income to pay for parking costs?

(40) Are you aware of the Pre-Tax [Commuter Benefits Ordinance](#) and its requirements? (Went [into effect January 1, 2020](#); [Office of Labor Standards Rules](#))



Category C: Parking Management

The City of Seattle Municipal Code emphasizes the need for workplaces to manage and price parking, and/or reserve parking space specifically for sustainable uses (e.g. HOV, bicycle parking).

(41) Which of the following are provided to employees who drive alone? (check all that apply)

- Free parking
- Parking subsidy or reimbursement
- General transportation subsidy or stipend
- Other (please specify)

(42) How many employees receive parking benefits? Enter 0 if none.

(43) How many parking spaces at your worksite are reserved for the following uses? Please enter a whole number. Enter "0" if no spaces are allotted.

- Monthly Reserved Spaces
- ADA Reserved
- Reserved for Building/Employer Fleet
- Reserved for Carshare
- Reserved for Electric Vehicle Charging
(Separate from Parking Reserved for Fleet Vehicles)
- Reserved for Carpools
- Reserved for Vanpools
- Reserved for Short Term Parking / Visitors
- Other Reserved



Category C: Parking Management

(44) Do you have any off-site parking reserved for employees?

No

Yes, please describe below, including location and number of vehicle spaces:

(45) Which of the following parking options are available to employees? Please enter the number of passes sold and the price per pass for each parking option.

	Number of Passes	Applicable Rate (\$)
Daily parking		
Weekly parking		
Monthly parking		
Annual parking		
Other (please specify)		

(46) Do you offer a parking cash out for people who do not drive and park at the building?

No

Yes, please describe:



Administration & Engagement

(47) What was the estimated direct cost to your organization over the past 12 months to implement the transportation program?

Please record a yearly monetary cost estimate for each of the categories below.

Meeting CTR program requirements & promoting your program to employees, including ETC /staff time, overhead, materials, other costs integral to the administration of the program

Financial incentives & subsidies paid to employees (all program costs, including ORCA, parking etc.)

Facilities such as bike racks, bus shelters, lockers, etc.

Any other costs not covered above

Please explain "other costs"

(48) Has your employer applied for [state tax credits](#) for its expenditures supporting employee's commute alternatives?

(49) Do you forward the Weekly E-blast to employees?

(50) Does your company leadership demonstrate support for transportation programs, particularly regarding options other than driving alone?

No

Yes. Provide a noteworthy example:



Administration & Engagement

(51) What are your worksite's top three transportation program priorities for the next year?

1

2

3

(52) Does your business fall into any of the following categories? (Check all that apply)

Disability-Owned

LGBTQ-Owned

Asian-Owned

Black-Owned

Latino-Owned

Native-Owned

Veteran-Owned

Woman-Owned

Unknown

(53) Anything you feel like we didn't cover here? Let us know about any benefit, amenity or program that you think we didn't capture in this survey.



(Optional) Program Summary

Submit your best and most comprehensive communications piece, previously known as the Program Summary. Show us how you display your most recent commuting data, summarize your key achievements, or communicate the CTR program to others. We will collect noteworthy submissions to be featured as best practices (anonymized at your request) and/or highlighted at an upcoming event.

Examples could include a PDF copy of a flyer, or screenshot of an intranet site.

Want to create a new example? Feel free to use our [program summary template](#) as-is or as inspiration for creating your own communication piece.

Our most successful CTR-Affected worksites tend to have the following information included in their key communications pieces:

- Mission statement and call to action to encourage the reduction of drive alone rates
- Mode-split and statistics to provide context for how employees get to work
- Exact subsidy amounts and how to apply for, retrieve, or use subsidies
- Detailed instructions for accessing on-site amenities such as bike lockers, showers, or HOV parking spaces
- Links to online tools and resources such as agency websites and Google Maps
- Link to ETC contact information

(54) Please upload your document.



Certification

Company Commitment

I understand that my worksite is required to submit information on the transportation program described above to comply with Washington State's CTR law. The program as described represents a good faith effort to meet the minimum requirements as outlined in that law and local ordinance. I will notify my Commute Seattle Transportation Specialist or CTR@commuteseattle.com with any substantive changes to this information.

I confirm that I am designated by my worksite's highest ranking official to commit to the implementation of the program, and I have shared this report with that official.

(55) Please enter the signer's name, you first and last name, and job title below. The signer's name may autofill.

Signer Name:

First and Last Name:

Job Title:

(56) Please provide an e-signature.

Signature:

Date Signed: