



REGISTRATION FORM

Form Date:

Please complete this form if you are NEW to the Green Commuting Program.

Applicant Information

Personnel Number:

First Name: Last Name:

Department:

Budget Center:

Work Location:

Email Address: Work Area Code: Work Phone:

Supervisor Name: Supervisor Email:

Survey Data

How did you hear about the Green Commuting program? Other:

One-way miles from home to work:

Did the Green Commuting Program motivate you to change your commute mode?

- Yes
- No

If "Yes", how did you commute before the Green Commuting Program incentive was available to you?

- Single Occupant Vehicle
- I was commuting by an eligible commute mode (carpool, vanpool, transit, bicycle, walk), but at least 50% less often

I Understand and Agree to the Following Statements:

As a condition of my participation, all information I supply will be correct, current and complete, and that the County has the right to refuse my participation in this program and the right to withhold incentives if it is believed that I have failed to meet this obligation.

Incentives that I receive from the Green Commuting Program are subject to state and federal taxes and that any tax liability that may result is solely my responsibility.

Deliberate falsification of this information may be cause for disciplinary action, which could include dismissal. Marin County Personnel Management Regulation 47.3 states that an employee can be disciplined for falsification on employment records, timesheets or reimbursement requests.

Check this box to confirm that you understand and agree to these statements.