

City of Cambridge
Community Development Department
344 Broadway, Cambridge, MA 02139

Attention: PTDM Planning Officer
Tel: (617) 349-4673 Fax: (617) 349-4633 TTY: (617) 349-4621
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Parking and Transportation Demand Management

Employee Transportation Coordinator Designation Form

Name and address of company: _____

_____ Telephone _____

Name of employee transportation coordinator (ETC): _____

Email: _____ Phone: _____ Fax: _____

Employee title: _____ Percent of time dedicated to ETC duties: _____

Note: If ETC changes, please inform the city by submitting a new ETC Designation Form.

Instructions for ETC: Describe your duties as ETC. Include both the day to day activities (such as answering questions, distributing MBTA passes, etc.) as well as responsibility for special events (such as a transportation fair, employee trainings, etc.). Estimate the amount of time each task will take per week. With special events, average the total time over 50 weeks. Attach additional pages if necessary.

ETC Duties

Average Hours per Week

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ETC signature and title _____

Date _____

Instructions for supervisor of ETC: Review the duties described above. Indicate your approval of the time commitment by signing below.

Supervisor signature and title _____

Date _____