

**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  
Website: [www.cambridgema.gov/cdd/et/tdm/index.html](http://www.cambridgema.gov/cdd/et/tdm/index.html)

**Parking and Transportation Demand Management Plan**  
**Employee Transportation Coordinator Designation Form**

Name and Address of Company: \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Name of Employee Transportation Coordinator (ETC): \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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 as necessary.*

**ETC Duties**

**Average Hours Per Week**

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

ETC Signature and Title \_\_\_\_\_

Date \_\_\_\_\_

*Instructions for Supervisor of Employee Transportation Coordinator: Review the duties described above. Indicate your approval of the time commitment by signing below.*

Supervisor Signature and Title \_\_\_\_\_

Date \_\_\_\_\_