

(Department Letterhead or Email)

NOTICE DATE:

TO: All Employees

FROM: (Department Name)

SUBJECT: (Department Name) Bay Area Commuter Benefits Program Notice Regarding Commuter Information (Option 4C - Alternative Commuter Benefit)

The [Bay Area Commuter Benefits Program](#) (Program) includes the following Bay Area counties:

- Alameda
- Contra Costa
- Marin
- Napa
- San Francisco
- San Mateo
- Santa Clara
- Solano
- Sonoma

The Program requires employers of a certain size (with 50 or more full-time employees) in these Bay Area counties to offer commuter benefits to their employees. The Program also includes an employer notice requirement. Pursuant to the employer notice requirements of the Bay Area Commuter Benefits Program, (department name) is providing this notice to all existing employees and all new-hire employees.

As a (department name) employee, the following commute-related programs may be available to you:

- [Mass Transit Commute Program](#)
- [Vanpool Commute Program](#)
- [Bicycle Commuter Program](#) (taxable benefit)
- [Flexible Work Arrangements](#) (such as teleworking)
- [Alternate Work Week Schedules](#)
- (Additional programs provided by [department name], such as:
 - [Guaranteed Ride Home/Emergency Ride Home Program](#)
 - Secure/On-Site Bicycle Parking,
 - Plug-In Electric Vehicle Charging Stations, etc.)

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[Bargaining contracts](#) may contain additional relevant information for represented employees. Please contact (departmental contact[s]) for additional information.

SAMPLE