



**Registration and Notification of Commuter Status**

**Employee Name:** \_\_\_\_\_ **EMPID:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee designated residence /city commuting from \_\_\_\_\_ (Example LAX, IAH, etc.)  
I acknowledge RECEIPT and fully understand the provisions of LOA #32 Commuter Protections; and understand my responsibilities and obligation to regularly inform the Company of any change to my commuter status. Should my status or residence from which I am commuting change, I understand it is my responsibility to update this form with local management.

I understand that when a qualified unforeseen event takes place (as described in LOA #32) affecting my first flight, I will immediately contact the Company at (123) 456-7890 informing them of my current situation, including the status of my back-up flight. I also understand the requirement to continually update the Company of my commuting progress.

\_\_\_\_\_  
Employee Signature & Date

\_\_\_\_\_  
Company Acknowledgment & Date

Cc: Local Management  
Manpower Planning  
IBT Local  
HR Manager  
Employee Personnel File