



Cornell University
Division of Human Resources

Office of Workforce Diversity,
Equity and Life Quality
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Voluntary Inclement Weather Questionnaire

Date: ____/____/____ Net ID/Email: _____

Name: _____ Cell Phone: _____
Daytime Work Phone No.: _____ Evening Phone No.: _____

Home Location (city and, or, county): _____

Travel Route to Campus: _____

Form of travel: car _____ bus _____ other _____

Campus Parking Location: _____

Building/Work Location: _____

Building Coordinator: (if known) _____

Immediate Supervisor: _____

Arrival Time on:
Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____ Sun ____

Departure Time on:
Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____ Sun ____

Specific need(s) for getting to and from your work location: (e.g. snow/ice removal, etc.) _____

Once you arrive at work, do you routinely travel to other buildings?

Yes ____ no ____;

If yes:

Building _____ Days of Travel to this building: _____

Time of travel to and from this building: _____

Please Return Form To:

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160 Day Hall