

Department of Labor Transit Subsidy Benefit Application
(Please Print)

New Application ____ Modification ____ Annual Recertification ____ Cancel Benefit ____

Work Schedule: Full Time ____ Part Time ____ Flexi-place ____ Student Volunteer ____

Name _____
(Last) (First) (MI) (Last 4 Digits of SSN) Grade/Rank

Home Address _____
(Number/Street/Apt. No.) (City) (State) (ZIP Code)

Work Address: DOL _____
(Agency) (Bureau) (Office)

Smartrip Card Serial Number _____

(Building) (Room Number) (Office Phone Number)

Current Mode of Transportation Used for Commuting: (Please Check All That Apply)

____ Car (single or double occupancy, not including drive to commuter Parking Lot) ____ Other (Specify)
____ Car/Van Pool ____ Commuter Bus ____ Commuter Train ____ Metro Bus ____ Metro Rail

Mass Transit Benefit Mode of Commuting: (Please check all that apply)

____ Commuter Bus ____ Commuter Train ____ Metro Bus ____ Metro Rail ____ Metro Approved Vanpool

Do You Receive Reduced Fare Public Transportation Rates (Employees with disabilities or Senior Citizens) ____ Yes ____ No

EMPLOYEE CERTIFICATION: I hereby certify that I am an employee at the Department of Labor and I am not named on a worksite parking permit with the DOL or any other federal agency. I am not a member of a Federal commuter vanpool or car pool. I also certify that I am eligible for a public transportation subsidy benefits, I will be using it for my regular daily commute from home to work and back home, and will not transfer it to anyone else. In addition, I certify the monthly transit benefit I am receiving does not exceed my average monthly commuting cost (based on my workweek schedule). I acknowledge it is my responsibility to return any unused transit subsidy to the DOL due to leave taken, TDY, separation or retirement and to notify the DOL transit subsidy benefit program coordinator of a change to my home or work address address.

This certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious or fraudulent certification may render the maker subject to criminal prosecution under title 18, Unite States Code, section 1001, civil penalty action providing for administrative recoveries of up to \$5000 per violation and/or agency disciplinary action up to and including dismissal.

X _____
(Applicants Signature) (Date)

PRIVACY ACT STATEMENT: This information is solicited under authority of 5 U.S.C., Sections 301 and 7905. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate the timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle work site parking permit with the Department of Labor or any other federal Agency.

COMPLETED BY EMPLOYEES SUPERVISOR: Supervisor signature attest to employees eligibility to receive transit subsidy benefits from the DOL

Enter appropriate dollar amount of the fare media requested: \$ _____ (monthly cost) (not to exceed agency approved maximum amount per month)

X _____
(Supervisor's Signature) (Printed Name) (Date)

NOTE: Signature of supervisor indicates accuracy of employee provided information on this form and approval of employee's eligibility to receive transit subsidy benefits in the amount requested.)

COMPLETED BY TRANSIT BENEFIT POINT OF CONTACT

Monthly Transit Benefit Amount Approved: \$ _____

X _____
(Signature of DOL Transit Point of Contact) (Printed Name) (Date)

A Completed copy of Transit Subsidy Benefit Expense Worksheet must be attached to all new, modified or recertification Transit Subsidy Benefit Applications

TRANSIT SUBSIDY BENEFIT EXPENSE WORKSHEET

Note: Department of Labor applications for Transit Subsidy Benefits requires DOL participants to calculate their usual monthly transit commuting cost to the nearest dollar amount for their daily commute from home to work and back home. This worksheet must be completed to receive transit subsidy benefits and will assist employees in computing their usual monthly transit cost. Instructions: Calculate your total monthly transit expenses per your normal daily commute. List your mode(s) of transportation and your daily expenses or weekly/ monthly expenses if you purchase a weekly/monthly pass. Then using the worksheet convert all expenses to a monthly total. (It is possible for an employee to have a combination of daily weekly or monthly expenses when computing their total monthly transit commuting expenses.

Remember: parking fees are not allowed and cannot be included when computing your monthly transit expenses. If you are a person with a disability or senior citizen receiving a reduced fare rate, you must compute your expenses at the reduced fare rates you pay.

MODE OF TRANSPORTATION		DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
Bus to work _____ (Metro)	Name of Company (Metro)	\$	\$	\$
Bus from work _____ (Metro)	Name of Company (Metro)	\$	\$	\$
Other Bus Mode to work _____	Name of Company	\$	\$	\$
Other Bus Mode from work _____	Name of Company	\$	\$	\$
Rail to work _____ (Light rail or subway)	Name of Station	\$	\$	\$
Rail from work _____ (Light rail or subway)	Name of Station	\$	\$	\$
Commuter Rail to work _____ (VRE or MARC)	Name of Station/Zone	\$	\$	\$
Commuter rail from work _____ (VRE or MARC)	Name of Station/Zone	\$	\$	\$
Other (specify)	List mode to work	Name of Company	\$	\$
	List mode from work	Name of Company	\$	\$
Vanpool Expenses per Month		Name of Company		\$

Converting Daily and Weekly Expenses to Monthly Expenses

40 hour work week schedule Conversion

Eight hour work day conversion			Nine hour work day conversion			Ten hour work day conversion		
Daily Expense	No. Days Worked	Total Daily Expense per month	Daily Expense	No. of Days Worked	Total Daily Expense per month	Daily Expense	No. of Days Worked	Total Daily Expense per month
\$	X 20	\$		X 18	\$		X 16	\$

Less than 40 hour work week schedule conversion			Weekly Pass Conversion		
Daily Transit Expense	Number of Days worked per month	Total Daily expense per month	Weekly Pass Expense	Number of weeks per month	Total weekly cost per month
		\$		4	

Note: If the number of days per week/month you work changes you must notify the Transit Subsidy Benefit Coordinator

Printed Name of Employee:	Daily Transit Expenses Per Month	\$
	Weekly Transit Expenses Per Month	\$
Signature of Employee	Monthly Transit Expenses	\$
	Total Transit Expenses Per Month	\$

Instructions for Filling out the Transit Subsidy Benefit Worksheet

When filling out the Transit Subsidy Benefit Worksheet fill in only the fields that apply to your commuter scenario and the daily, weekly or monthly cost.

If you pay for your daily commute on a per trip basis (daily) fill out the daily expense portion of the worksheet to include round trip expenses and then fill in the 40 hour work week conversion or the less than 40 hour work week conversion if you work flexi-place to calculate your monthly commuter expenses. Annotate the amount in the “Daily Transit Expense Per Month” field and the “Total Transit Expenses Per Month” field.

If you purchase a weekly commuter pass for the bus, train or local metro commuter service provider to commute back and forth to work and home then fill in out the weekly pass expense portion of the worksheet and then complete the weekly pass conversion portion to calculate your monthly commuter expenses. Annotate this amount in the fields for “Weekly Transit Expenses per month” and the “Total Transit Expenses Per Month”

If you purchase a monthly commuter pass for the bus, train or local metro commuter service provider to commute back and forth from home to work then fill out the monthly pass expense portion of the worksheet. Annotate your monthly pass expense in the “Monthly Transit Expenses” field and the Total Transit Expenses Per Month” field.

There are commuter scenarios in which an employee will use multiple modes of transportation to commute from home to work each day. In these types of scenarios you may pay for a weekly or monthly train or bus pass and also pay for a per ride cost for the local metro train. In these types of scenarios you will have to fill in both the daily expense and the weekly or monthly expense portion (which ever is applicable) of the worksheet in order to show all of your commuter expenses for a month.

**** Do not include a parking expenses as part of your commuter expenses. Parking expenses are not authorized as part of the transit subsidy benefit program.**

Note: Regardless of your monthly commuter expenses the DOL will only pay up to the maximum monthly transit subsidy benefit tax free allowance. If your commuter expenses are less than the DOL maximum authorized transit subsidy benefits you will receive the actual amount of your commuter cost.

Please contact your local Transit Subsidy Benefit Coordinator if you have any questions or concerns related to the DOL Transit Subsidy Benefit Application or expense worksheet.