TRANSIT SUBSIDY PROGRAM APPLICATION
(See Instructions and Privacy Act Statement on Page 3)

SMARTBENEFITS

☐ Current User ☐ New User	SmarTrip Card Serial Number *(must be registered in employee's name)*

APPLICANT INFORMATION

1. ☐ New Applicant ☐ Change to Application Information ☐ Annual Recertification ☐ Cancellation

2. Name				8. Correspondence Symbol
3. Home Address			9. Official Worksite 10. Office Telephone Number (including area code)	
4. City	5. State	6. Zip Code	11. Total monthly mass transit commuting cost (from worksheet page two) $	
7. Last 4 Digits of Social Security Number	12. Are you a Summer Intern? ☐ Yes ☐ No		13. Applicant Start Date	14. Applicant End Date

15. Do you receive reduced fare public transportation rates? (employees with disabilities or senior citizens) ☐ Yes ☐ No

16. REGIONAL CODE (check one)		17. ORGANIZATIONAL CODE (check one)	
☐ Central Office (00)	☐ The Heartland (06)	☐ Federal Acquisition Service (Q)	☐ Office of Governmentwide Policy (M)
☐ New England (01)	☐ Greater Southwest (07)	☐ Public Buildings Service (P)	☐ Office of the Inspector General (J)
☐ Northeast and Caribbean (02)	☐ Rocky Mountain (08)	☐ Chief Financial Officer (B)	☐ General Management and Administration (GM)
☐ Mid Atlantic (03)	☐ Pacific Rim (09)	☐ Chief Information Officer (I)	
☐ Southeast Sunbelt (04)	☐ Northwest/Arctic (10)	☐ Chief People Officer (C)	
☐ Great Lakes (05)	☐ National Capital (11)	☐ Office of Citizen Services and Communications (X)	

EMPLOYEE CERTIFICATION

WARNING: I understand that it is a Federal crime under United States Code, Title 18, section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution including a fine of up to $5,000 and/or administrative punishment, which may result in the termination of my federal employment.

I certify that the information on this form is true and correct to the best of my knowledge and that:

- I am an employee of the General Services Administration (GSA).
- I am not named on a worksite parking permit with GSA or any other Federal agency.
- I am eligible for a public transportation fare benefit and will use it for my regular daily commute to and/or from work.
- I will not transfer fare media to anyone else.
- The monthly transit benefit I will receive does not exceed my average monthly commuting cost.
- If my monthly commuting cost exceeds the statutory limit, I will supplement the cost with my own funds.
- I will not use the Government-provided transit benefit in excess of the statutory limit in any month.
- I will not use a transit benefit designated for use in a future month.
- I will return all unused fare media upon leaving GSA.

18. Employee/Applicant Signature	19. Date

Verification of Employee Eligibility and Monthly Mass Transit Commuting Cost - First Level Supervisor

20. Signature of First Level Supervisor	21. Printed Name	22. Date

Verification of Application Completion/Applicant and Supervisor Signatures - Transit Subsidy Coordinator

23. Signature of Transit Subsidy Coordinator	24. Printed Name	25. Date

Total Monthly Mass Transit Commuting Cost Worksheet

INSTRUCTIONS: GSA Transit Subsidy Program participants are required to calculate their actual usual monthly mass transit commuting cost for their regular daily commute to and/or from work to the nearest dollar using this worksheet. Calculate your costs by the way you pay for your commute. Use the daily column if you pay for transportation on a daily basis; the weekly column if you purchase weekly commuter tickets; or the monthly column if you purchase a monthly ticket or pass. It is possible that you may list costs in more than one column depending on the number of transportation modes you use and how you pay for them. Use the conversion table to determine total monthly mass transit commuting cost.

REMINDERS:
Parking fees are not allowed and cannot be included when computing monthly transit costs.
If you are a person with a disability or a senior citizen receiving reduced transit fares, you must calculate your costs using the amount that you actually pay.

Mode of Transporation						**Daily Cost**	**Weekly Cost**	**Monthly Cost**
To Work								
☐ Bus	☐ Light Rail	☐ Subway	☐ Train	☐ Other	Name of Company	$	$	$
Starting Point:					Ending Point:			
☐ Bus	☐ Light Rail	☐ Subway	☐ Train	☐ Other	Name of Company	$	$	$
Starting Point:					Ending Point:			
☐ Bus	☐ Light Rail	☐ Subway	☐ Train	☐ Other	Name of Company	$	$	$
Starting Point:					Ending Point:			
From Work								
☐ Bus	☐ Light Rail	☐ Subway	☐ Train	☐ Other	Name of Company	$	$	$
Starting Point:					Ending Point:			
☐ Bus	☐ Light Rail	☐ Subway	☐ Train	☐ Other	Name of Company	$	$	$
Starting Point:					Ending Point:			
☐ Bus	☐ Light Rail	☐ Subway	☐ Train	☐ Other	Name of Company	$	$	$
Starting Point:					Ending Point:			
Vanpool Cost Per Month (To and From Work)					Name of Company			$
Starting Point:					Ending Point:			
Total						**$**	**$**	**$**

Converting Daily and Weekly Cost to Monthly Cost

Daily Cost to/from Work		Number of Days Per Month that you use mass transit to commute to/from work*		Monthly Cost
$	X		=	$

*To determine the number of days per month that you use mass transit to commute to and/or from work - begin with an average 21-day work month and subtract days that you do not commute to/from work via mass transit based on (a) alternate work schedules (subtract 2 days for a 5/4/9 schedule; subtract 4 days for a 4/10 schedule, etc.), (b) telework days (work at home or at a telework center), (c) regular/routine travel, or (d) other reasons.

Weekly Cost to/from Work				Monthly Cost
$	X	4	=	$

Employee Signature	**Total monthly mass transit commuting cost** (rounded to the nearest dollar)	**$**

Instructions

Page 1 - Transit Subsidy Program Application

1. Indicate if the application is for a new applicant, for a current subsidy recipient's change in information, for the annual recertification process, or for cancellation (withdrawal or no longer eligible for the program).

2 - 7. Complete requested identifying information.

8. List your correspondence symbol. Correspondence symbols show the organizational structure and geographic locations of GSA organizations. The office of the Administrator, Services, and Staff Offices use one-letter symbols. Sub-organizations use a two-letter symbol. Smaller units within those organizations use three or even four letters. Regions are numbered 1 to 10 except for NCR, which has the designation "W." Check with your manager if you don't know your correspondence symbol.

9. Indicate your official worksite and address. If you telework, list your official worksite, not your telework location.

10. List your office telephone number (including area code). If you don't have an office telephone number, list your telework location telephone number or business cell-phone number.

11. Enter your monthly mass transit commuting costs from the page 2 worksheet.

12 - 14. Indicate if you are a summer intern, and if yes enter your start and end dates.

15. Indicate if you receive reduced rates for public transportation (employees with disabilities, students, seniors, etc.) Please note that when determining your commuting costs, your transit benefits will be based upon the amount you actually pay.

16 - 17. Indicate your regional and organizational codes (check only one item each for Numbers 16 through 17).

18 - 19. Sign and date the application, and submit the completed application to your immediate supervisor.

Page 2 - Total Monthly Mass Transit Commuting Cost Worksheet

Please follow the instructions and note the reminders at the top of page 2. Use the worksheet to determine total monthly mass transit commuting costs by multiplying the daily cost to and from work by the number of days per month you used mass transit; or by multiplying the weekly cost of mass transit by 4 weeks per month; or by using the actual monthly cost paid. The total monthly mass transit commuting cost should be rounded to the nearest dollar ($.50 or more is rounded up to the next dollar).

In determining the number of days per month, begin with an average 21-day work week. This figure was derived from the 365 day year less 104 weekend days less 10 holidays = 251 work days per year divided by 12 months per year = 20.9 work days per month, rounded to 21 workdays per month. Subtract the scheduled days not commuting to work due to AWS, telework, or regularly scheduled traveling to determine the proper number of days per month that you use mass transit to commute to/from work.

If you are absent from work and your actual commuting cost falls below the amount of transit benefits you receive, you must take a lesser amount during the next distribution. The amount depends on your actual commuting cost during that period. For example, you have certified that your commuting costs are $5.00 per day, or $105.00 per month (non-AWS/telework schedule). You do not commute using mass transit for 10 days (5 days annual leave, 3 days sick leave, 2 days drove to work.) During the next transit benefit distribution period, you must request $55.00 ($105.00 monthly benefit less $50.00 for the ten days not using mass transit), having reduced the amount by the amount of media left from last time.

Privacy Act Statement

Purpose: This form is used to collect data from GSA employees applying for benefits under the Transit Subsidy Program.

Authorities: Public Law 101-509; Executive Order 13150; and Federal Employees Clean Air Incentives Act (section 2(a) of Public Law 103-172, found at 5 USC 7905).

Uses: The information is used to facilitate timely processing of your request, determine your eligibility, and prevent misuse of the funds involved. It also is used to ensure that you are not listed as a holder of a worksite parking permit with GSA or any other Federal agency. The information may be disclosed: to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions; to the Office of Personnel Management or the Government Accountability Office for evaluation of the program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings, and to an expert, consultant, or contractor of GSA when needed to further the implementation and operation of this program.

Disclosure of information: Furnishing the information on this form, including your Social Security Number and home address, is voluntary. Without this information, however, your request for a transit subsidy benefit cannot be approved. Information provided may be verified through a computer match.