

**DOJ APPLICATION FOR TRANSIT BENEFIT**

(Please Print)

**New Application**

Modification

Recertification

**Name:** \_\_\_\_\_  
(Last) (First) (M.I.) (Last 4 Digits of Social Security No.) (Grade/Rank)

**Home Address:** \_\_\_\_\_  
(Number/Street/Apt. No.) (City) (State) (Zip)

**Work Address:** \_\_\_\_\_  
(Agency) (Bureau) (Office)

\_\_\_\_\_  
(Building) (Room Number) (Mail Stop) (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 (LIRR/ Metro North) Commuter Train Metro Bus Metro Rail (Subway)

**MASS TRANSIT BENEFIT MODE OF COMMUTING:** (Please check all that apply)

Commuter Bus (LIRR/ Metro North) Commuter Train Metro Bus (Subway) Metro Rail Metro-Approved Vanpool

**DO YOU RECEIVE REDUCED FARE PUBLIC TRANSPORTATION RATES** (Employee with disabilities or Senior Citizen) YES NO

**EMPLOYEE Certification:** I hereby certify that I am employed by the Department of Justice (DOJ) and am not named on a worksite parking permit with DOJ or any other Federal agency. I also certify that I am eligible for a public transportation subsidy benefit, will be using it for my regular daily commute to and from work and will not transfer or sell it to anyone else. In addition, I certify that the monthly transit benefit I am receiving does not exceed my average monthly commuting cost (based on my workweek schedule), and that the attached Mass Transit Expense Sheet is true and accurate.

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, United State Code, Section 1001, civil penalties, and/or agency disciplinary actions up to and including dismissal.

Pursuant to Title 28 U.S.C. Section 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

**X** \_\_\_\_\_  
(Applicant Signature)

**PRIVACY ACT STATEMENT:** This information is solicited under authority of 5 U.S.C. Section 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 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 Justice or any other Federal agency.

**COMPLETED BY EMPLOYEE'S SUPERVISOR:**

Accounting Classification Code: (Print Clearly)

Enter Appropriate Dollar Amount of the Fare Media Requested: \$ \_\_\_\_\_ (Monthly Cost) (Not To Exceed The Current Monthly Maximum Limitation)

**X** \_\_\_\_\_  
(Supervisor Signature) (Print Name) (Date) (NOTE: Approval is based on person's eligibility to receive benefits in the amount stated above.)

**COMPLETED BY TRANSIT POINT OF CONTACT:**

**X** \_\_\_\_\_  
(Signature of Transit Point of Contact) (Print Name) (Date)

## MASS TRANSIT EXPENSE WORK SHEET

**NOTE:** DOJ Application for Public Transit Fare Benefit requires DOJ participants to calculate their usual mass transit commuting cost to the nearest dollar for their daily commute to work. This work sheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly mass transit commuting cost.

**INSTRUCTIONS:** Calculate your Total Monthly Mass Transit Expenses by the way you pay for commute. List your mode of mass transportation, and how much it cost you: daily, or if paid weekly; or if purchased in monthly passes. Then using the work sheet below, convert all cost to a total monthly amount. It is possible that an employee may have a combination of daily, weekly or monthly expenses in computing their total monthly mass transportation expenses.

**REMEMBER:** Parking fees are not allowed and cannot be included when computing monthly transit costs. If you are a person with a disability or senior citizen receiving reduced fare rates, you must calculate the reduced rates you pay.

MODE OF TRANSPORTATION		DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
BUS TO WORK (Local)	NAME OF COMPANY	\$		
BUS FROM WORK (Local)	NAME OF COMPANY	\$	\$	\$
OTHER BUS MODE TO WORK (Commuter or County)	NAME OF COMPANY	\$		
OTHER BUS MODE FROM WORK (Commuter or County)	NAME OF COMPANY	\$	\$	\$
RAIL TO WORK (Light Rail or Subway)	FROM WHAT STATION	\$		
RAIL FROM WORK (Light Rail or Subway)	FROM WHAT STATION	\$	\$	\$
COMMUTER RAIL TO WORK (Train)	NAME OF COMPANY	\$		
COMMUTER RAIL FROM WORK (Train)	NAME OF COMPANY	\$	\$	\$
OTHER (Specify)	LIST MODE TO WORK	NAME OF COMPANY	\$	
	LIST MODE FROM WORK	NAME OF COMPANY	\$	\$
VAN POOL COST PER MONTH	NAME OF COMPANY			
<b>TOTAL</b> ▶				

### CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST

#### 40-HOUR WORKWEEK SCHEDULE CONVERSION

EIGHT HOUR WORK DAY CONVERSION			NINE HOUR WORK DAY CONVERSION			TEN HOUR WORK DAY CONVERSION		
DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH	DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH	DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH
\$	X20	\$	\$	X18	\$	\$	X16	\$
LESS THAN 40-HOUR WORKWEEK SCHEDULE CONVERSION					WEEKLY PASS CONVERSION			
Complete if you work less than 40-hour per week (Telecommuter, part-time, etc.)					WEEKLY PASS COST	NUMBER OF WEEKS PER MONTH		TOTAL WEEKLY COST PER MONTH
DAILY MASS TRANSIT COST	NUMBER OF DAYS WORKED PER MONTH		TOTAL DAILY COST PER MONTH		\$	x 4		
\$	x		\$		\$			

NOTE: If the scheduled number of hours you work per month changes, see your Transit point of contact.

NAME OF EMPLOYEE (Please print your name clearly)	TOTAL DAILY COST PER MONTH (if any) ▶	
	TOTAL WEEKLY COST PER MONTH (if any) ▶	
SIGNATURE OF EMPLOYEE	TOTAL MONTHLY COST PER MONTH (if any) ▶	
	GRAND TOTAL COST PER MONTH (if any) ▶	
MY GRAND TOTAL MONTHLY MASS TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR (Round either up or down to nearest dollar)		▶

#### \*\*Supplemental Information:

If your transit benefits will be split between more than one type of media:

Type of Media and Amount: \_\_\_\_\_ Type of Media and Amount: \_\_\_\_\_

Amounts should equal monthly grand total of up to \$130.00.

Please list transit authority used (if known): \_\_\_\_\_

To: All Transportation Subsidy Benefit Recipients

Use of Your Transportation Subsidy Benefit

This is a reminder to all employees who receive the transportation subsidy that it is a benefit and may only be used to pay the costs of YOUR public transportation to and from work, which may include Metro subway/bus, Virginia Railway Express (VRE), MARC trains, and other eligible commuter buses and vanpools. The amount of the transit benefit may not exceed the actual amount paid for public transportation.

As a recipient of a Transportation Subsidy Benefit, I have agreed that:

- I work for \_\_\_\_\_, and I am not listed as a member of a Federal commuter vanpool or carpool.
- I am not the holder of any other form of workplace motor vehicle parking permit as the result of my employment with the Department of Justice, nor am I receiving transportation benefits from another Federal organization.
- I am eligible for a transportation subsidy benefit for use on a participating public transportation system, am obtaining the subsidy for my work-related commuting use, and will not transfer or sell the benefit to anyone else.
- I have accurately listed the commuting cost to and from my home to work using public transportation.
- I acknowledge that it is my responsibility to return any unused transportation subsidy to the component (e.g., subsidy unused due to leave taken or separation).
- I have read and understand this form and the DOJ Application For Transit Benefits form. I am aware that, in signing this and the DOJ Application For Transit Benefits, I have and do agree to the restrictions and limitations stated above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_