



EPA Headquarters Transit Subsidy Enrollment Form

Mail enrollment forms to: Transit Subsidy Staff, Mail Code 3204T, fax to 202-564-0576 or scan and email to group_transit@epa.gov.

1. Name (Last, First, M.I.):		2. EPA Workforce ID: (PeoplePlus ID)	3. Grade:	4. AA'ship:
5. Local Home Address (Number, Street):		6. City:	7. State:	8. Zip Code:
9. EPA Email Address:		10. Work Telephone #:		11. Work Mail Code:
12. Building Location: Select Only One WJC North Potomac Yard WJC South Ronald Reagan Bldg WJC East Other: _____ WJC West		13. Reason(s) for Submitting Enrollment Form: <input type="checkbox"/> New Applicant <input type="checkbox"/> Subsidy Increase/Decrease <input type="checkbox"/> Re-certification <input type="checkbox"/> New SmarTrip Card Number <input type="checkbox"/> Name Change <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> Address Change		

14. Employment Status: EPA Employee Student Volunteer Intern Detailee PHS

15. Work Schedule: Standard (10 days/pay period) Compressed (9 days/pay period) Flexi-place/Part Time/4-10 Schedule (Actual workdays in office (i.e. commute days) per month: _____)

16. Commuting Method (check **all** that apply—e.g., bus to rail):

BUS Via Smart trip Card	<input type="checkbox"/> Metrobus <input type="checkbox"/> Metrobus Express <input type="checkbox"/> MetroAccess <input type="checkbox"/> ART <input type="checkbox"/> DASH <input type="checkbox"/> Ride On <input type="checkbox"/> The Bus <input type="checkbox"/> Martz of VA <input type="checkbox"/> OmniRide <input type="checkbox"/> Quicks <input type="checkbox"/> Loudoun County <input type="checkbox"/> Fairfax Connector <input type="checkbox"/> Other: _____
MTA Commuter Bus Via Commuter Direct	Indicate route number and zone: <input type="checkbox"/> MTA Keller <input type="checkbox"/> MTA Dillon <input type="checkbox"/> MTA Eyre <input type="checkbox"/> MTA Martz <input type="checkbox"/> Other: _____
Rail	<input type="checkbox"/> Metrorail Origin station: _____ Destination station: _____ <input type="checkbox"/> MARC <input type="checkbox"/> VRE <input type="checkbox"/> Other Origin station: _____ Destination station: _____
Vanpool	Vanpool Name: _____ Vanpool Operator E-Mail: _____ From (zip code of origin): _____ To (zip code of destination): _____

Provide information on other portions of your commute that do **not** involve public transit (e.g., drop-off at rail station):

Personally Owned Vehicle	<input type="checkbox"/> Car <input type="checkbox"/> Truck/minivan/SUV	Total number of passengers in vehicle (i.e. including yourself): _____	Daily roundtrip miles traveled: _____
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17. Commuting Costs (parking costs cannot be included): Use the following days per month in computing your commuting costs: Standard Schedule: 21 days per month Compressed Schedule: 19 days per month Flexi-Place/Part Time/ 4-10 Schedule: Actual workdays in office per month (not to exceed 21) <small>For assistance in calculating your Metrorail/Metrobus costs, visit www.wmata.com.</small>	Metrobus:	\$
	Metrobus:	\$
	Other/Bus:	\$
	Van Pool:	\$
	MARC/VRE:	\$
Estimated Monthly Cost:		\$

18. Is your SmarTrip Card Eligible for a Discount (Senior 65+/Disability) Yes No Date of Birth (MM/YY) ____/____

19. SmarTrip card number (located on back of card)

First Line Supervisor Certification - I certify that the work schedule indicated in block #15 is accurate for this employee.
Signature _____ Date _____

Employee Certification - I certify that the above information is accurate and that I have read the Privacy Act Statement and Employee Certification information on the back of this form.
Signature _____ Date _____

Please Print or Type Clearly

United States Environmental Protection Agency

Washington, D.C. 20460

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Privacy Act Statement

This information is solicited under the authority of the Federal Employees Clean Air Incentives Act 5 U.S.C. 7905, and Executive Order 9397 (Nov. 22, 1943). Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a Transit Subsidy. The purpose of this information is to facilitate timely processing of your request and to ensure that you are not listed as a car pool or van pool participant or a holder of any other form of vehicle worksite parking permit with EPA or any other Federal agency. Disclosure may be made to a Congressional office at your request; to Federal contractors and others performing services for the Government; to Federal, State and local agencies in connection with decisions and authorized activities relevant to this system of records; to appropriate Federal agencies for records management purposes; and to the Department of Justice and others in connection with relevant litigation and appropriate law enforcement activities. This is a summary of the routine uses for the Transit Subsidy Program. For a more detailed description of the routine uses, see EPA's Privacy Act System of Records Notice for EPA-41 (<http://www.epa.gov/privacy/notice/epa-41.htm>), "EPA Transit and Guaranteed Ride Home Program Files," 67 FR 8246 (Feb. 22, 2002).

Employee Certification

"I hereby certify that I am an EPA employee, that I have read the Transit Subsidy Program Rules, and that I agree to comply with these rules. I further certify that I am eligible for a Transit Subsidy and that, as a condition of participation in EPA's Transit Subsidy Program, I will use it only for my regular daily commute to and/or from work, will not sell or transfer it to anyone else, and will not be named on a worksite parking permit with EPA or any other Federal agency. Finally, I certify that the monthly Transit Subsidy I receive will not exceed my average commuting cost (based on 21 work days per month or actual work days, whichever is less) as shown on this EPA Headquarters Transit Subsidy Enrollment Form."

This certification concerns a matter within the jurisdiction of an agency of the United States. Therefore, if you make a false statement or a fraudulent certification, you may be subject to criminal prosecution under 18 United States Code (U.S.C.) Section 1001, liability for penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. Sections 3801-3812, and/or disciplinary action up to and including removal from employment.

I also certify that my Transit Subsidy Program benefits are only available through the last day of any month. After the last day of the month, I am not entitled to a benefit for that month. I recognize that public/Metro parking costs cannot be included in transit costs. If my commute to work changes due to new address, change in commuting pattern, or other reasons, I am obligated to submit a revised Transit Subsidy Enrollment Form.

For information on EPA HQ's Transit Subsidy Program, visit <http://intranet.epa.gov/hqintran/transportation.htm> or call (202) 564-1368.

Administrative Use Only

FMSD Action: Approved Denied

Reason: _____

By: _____

Name and Title (please print)

Signature

Date