

U.S. DEPARTMENT OF THE INTERIOR  
PUBLIC TRANSPORTATION SUBSIDY PROGRAM  
DE-ENROLLMENT FORM

---

**PURPOSE:** To document the removal, reimbursement, and notification to the Department of Transportation for employees de-enrolling from the Transportation Subsidy Program. As you certified in Section D of your Transportation Subsidy Program Application and as required by the transportation subsidy program policy and procedures, you must return unused transit passes to their Bureau/Office Transportation Subsidy Coordinator, and/or reimburse the Department via check or money order.

---

**I. ENROLLEE INFORMATION** (Please type or print legibly):

---

*LAST NAME*

*FIRST NAME*

*MIDDLE INITIAL*

*LAST 4 DIGITS OF SS ID*

*BUREAU/OFFICE*

*PAYROLL ACCOUNT CODE*

---

Reason for de-enrollment: Leaving DOI      DOI Internal Transfer      Change In Mode Of Transportation

**2. MONETARY REIMBURSEMENT AND/OR RETURN OF UN-USED TRANSIT PASSES FOR EMPLOYEES NOT PARTICIPATING IN SMARTBENEFITS:**

Quarter I - (October/November/December)

Quarter 2 -(January/February/March)

Quarter 3- (April/May/June)

Quarter 4- (July/August/September)

**REIMBURSEMENT FORMULA:**

1. Last Quarterly allocation amount \$
2. Number of days                      participant commutes to work each month using qualified transportation (Participants are required to reduce benefits for Flexible Work Schedules, Telecommuting, Official Travel, Training and Leave days as certified in their application) multiplied by 3 =
3. (Enter sum of #1) \$                      divided by (sum of#2)                      = \$
4. Program de-enrollment date:
5. The number of work days to the end of the Quarter (Calculate using a 22 work day month OR the# of actual days the participant commutes to work each month using qualified modes of transportation as certified in their application):
6. (Enter sum of #3) \$                      Multiplied by (sum of # 5)                      = **(Amount Owed) \$**

3. MONETARY REIMBURSEMENT FOR WASHINGTON METROPOLITAN AREA SMARTBENEFITS PARTICIPANTS ONLY:

January	February	March	April	May	June
July	August	September	October	November	December

REIMBURSEMENT FORMULA:

1. Last monthly allocation amount \$
2. Number of days participant commutes to work each month using qualified transportation (Participants are required to reduce benefits for Flexible Work Schedules, Telecommuting, Official Travel, Training and Leave days as certified in their application) =
3. (Enter sum of #1) \$                      divided by (sum of #2)                      = \$
4. Program de-enrollment date:
5. The number of work days to the end of the month (Calculate using a 22 work day month OR the# of actual days the participant commutes to work each month using qualified modes of transportation as certified in their application):
6. (Enter sum of #3) \$                      X (sum of #5)                      = (**Amount Owed**) \$

---

4. REIMBURSEMENT RECEIVED:

Value of Unused Transit Passes =\$                      and/or Check or Money Order = \$

(Made payable to U.S. Department of the Interior, Office of the Secretary or appropriate Bureau/Office.)

NOTE(s):

Participant Signature:

Date:

Transportation Subsidy Program Coordinator Signature:

Date:

For Transportation Subsidy information or questions, contact the Office of Facilities and Administrative Services at 202-208-2222.