

**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.

1. ENROLLEE INFORMATION (Please type or print legibly):

LAST NAME _____
FIRST NAME _____ MIDDLE INITIAL _____
LAST 4 DIGITS OF SSN _____
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 1 - (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)

NOTE(s):

Participant Signature: _____

Date: _____

OFAS/OS Transportation Subsidy Program Coordinator Signature: _____

Date: _____

For information or questions, contact OFAS at 202-208-2222