



Transportation Subsidy Training Workshops FY 2013 – Outside the NCR



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Office of Facilities and Administrative Services
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www.doi.gov/ofas

Transit Subsidy Program Policy and Procedures

Applicable Laws and Regulations

- Executive Order No. 13150
- Federal Employees Clean Air Incentive Act
- Section 132 of the Internal Revenue Code
- OMB Circular A-123 Appendix A Implementation Plans
- OMB Memorandum, M-07-15, "Federal Transit Benefits Program," May 14, 2007

Transit Subsidy Program Policy and Procedures

APPLICATION

ELIGIBILITY

CONTROLS

RECERTIFICATION

EDUCATION

Transit Subsidy Program Policy and Procedures

Application - Manual

http://www.doi.gov/ofas/support_services/upload/BLANK-2013-TSB-APPLICATION.pdf

doi.gov

Please fill out the following form.

**U.S. Department of the Interior
Public Transportation Subsidy Program Application**

A. Type of Action		First-Time Application <input type="checkbox"/>	Revised Application <input type="checkbox"/>
B. Personal Information			
Name (Last, First MI):			
Home Address:	City:	State:	Zip Code:
Work Address:	City:	State:	Zip Code:
Office Phone Number: (xxx) xxx - xxxx		Last 4-Digits Social Security Number: XXX-XX-	
Bureau/Office Code and Name (see page 2):			
Employment Status: Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Temporary/Seasonal (Appointment Expiration Date): (mm/dd/yyyy):			
Payroll Cost Structure Account Number (See page 2):			
C. My Commute (for which I am seeking a transportation subsidy)			
Mode(s) of transportation to be used: Bus <input type="checkbox"/> Subway <input type="checkbox"/> Train <input type="checkbox"/> Ferry <input type="checkbox"/> Authorized Vanpool <input type="checkbox"/> Light Rail <input type="checkbox"/>			
Please indicate the number of actual days (excluding Flexible Work Schedule day off and Telecommuting days) per week that you usually:			
4 Drive to work	<input type="checkbox"/> Days;	Miles each way:	_____
Vanpool	_____ Days;	Monthly vanpool charge:	\$ _____
Public Transit	_____ Days;	Daily fare:	\$ _____

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o **Application - Electronic**

- o eMail Enterprise Records and Document Management System (eERDMS)
- o *eERDMS Vision – Provide the Department of the Interior with a single cohesive integrated information management program designed to manage records and documents for its missions and programs to ensure public trust and transparency.*

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○ Eligibility

○ All DOI employees who incur qualifying transportation expenses and are not receiving federally subsidized workplace parking benefits from DOI or any other federal agency, are eligible to participate in this program.

○ DOI Federal employee or DOI intern.

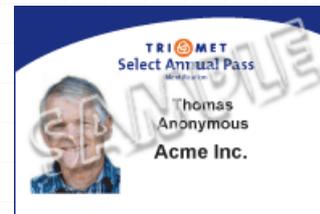
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○ Calculation of Benefit



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Receipt & Adjustment of Transit Benefits



Debit Card



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0 Recertification

http://www.doi.gov/ofas/support_services/upload/TSP_Recert_Form_2013-Transit-Increase.pdf

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Please fill out the following form.

- I certify that I am employed by the U.S. Department of the Interior (DOI).
- I certify that I am not the holder of any other form of workplace motor vehicle parking permit, nor am I receiving transportation benefits from another Federal organization. The phrase “named on a federally subsidized workplace permit,” is defined as an individual who drives a privately owned or leased vehicle and who parks in a federally subsidized parking area. Any government-provided, owned, or leased parking area is considered federally subsidized.
- I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or vanpool, and will not give, sell, or transfer it to anyone else.
- I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the month statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.
- I certify that I will not claim the transit benefit in excess of my actual monthly commuting expense. If at any time during a given month I am out of work due to sickness, vacation or any other reason; on official travel; or use a private vehicle for commuting, I will claim less and adjust the amount of my transit benefit the following month if appropriate.
- I certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit.
- 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 understand that this certification and making false, fictitious, or fraudulent certification may render me subject to criminal prosecution under Title 18, United States Code, Section 1001, and/or adverse action, including removal from the Federal service.

Done

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Termination of Benefits



FOR EVERYONE'S CONVENIENCE, WE LIKE TO GO OVER THE EMPLOYEE WELCOME KIT AND TERMINATION PACKAGE AT THE SAME TIME.

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○ Parking



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o Vanpools



Transit Subsidy Training Workshop FY 2013 - ONCR

- All TSTW13 presentations are recorded; audio and online files will post to the DOI Transit Subsidy Program website by the week of July 8th.
- Until July 12, 2013, please send your questions to [**TSTW13@ios.doi.gov**](mailto:TSTW13@ios.doi.gov). We will respond to your inquiries as soon as possible.
- Thank you for your attendance.

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Questions

