

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Please Print)

Circle One: New Application Modification Recertification

Name: (Last) (First) (MI) (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 _____

☐ Car/Van Pool ☐ Commuter Bus ☐ Commuter Train ☐ Metro Bus ☐ Metro Rail

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

☐ Commuter Bus ☐ Commuter Train ☐ Metro Bus ☐ 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 your commute. List your mode of 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)	<input type="checkbox"/>	NAME OF COMPANY	\$	\$
BUS FROM WORK (Local)	<input type="checkbox"/>	NAME OF COMPANY	\$	
OTHER BUS MODE TO WORK (Commuter or County)	<input type="checkbox"/>	NAME OF COMPANY	\$	\$
OTHER BUS MODE FROM WORK (Commuter or County)	<input type="checkbox"/>	NAME OF COMPANY	\$	
RAIL TO WORK (Light Rail or Subway)	<input type="checkbox"/>	FROM WHAT STATION	\$	\$
RAIL FROM WORK (Light Rail or Subway)	<input type="checkbox"/>	FROM WHAT STATION	\$	
COMMUTER RAIL TO WORK (Train)	<input type="checkbox"/>	NAME OF COMPANY	\$	\$
COMMUTER RAIL FROM WORK (Train)	<input type="checkbox"/>	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	\$	
TOTAL ➤				

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
\$	X 20	\$	\$	X 18	\$	\$	X 16	\$
LESS THAN 40-HOUR PER WEEK						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		\$		\$	X 4	\$	

NOTE: If the scheduled number of hours you work per week 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 the nearest dollar)		➤