

**U.S. Court of Appeals for Veterans Claims
Application for Transit Benefit**

Full Name _____ Department _____

Home Address _____

Work Address _____

Agency _____ Room No. _____ Phone No. _____

Mode of transportation currently used for commuting (make a selection)

Drive Alone Transit (Rail) Commuter Rail Other
 Carpool / Vanpool Transit (Bus) Commuter Bus

CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE U.S. COURT OF APPEALS FOR VETERANS CLAIMS AND AM NOT A MEMBER OF A COMMUTER VANPOOL OR CARPOOL OR A HOLDER OF ANY OTHER FORM OF WORKPLACE MOTOR VEHICLE PARKING PERMIT. I THEREFORE CERTIFY THAT I AM ELIGIBLE FOR A FARE SUBSIDY FOR USE ON PARTICIPATING PUBLIC TRANSPORTATION SYSTEMS, AM OBTAINING IT FOR MY PERSONAL COMMUTING USE, AND WILL NOT TRANSFER IT TO ANYONE ELSE.

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 STATES CODE, SECTION 1001.

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Privacy Act Notice: *The U.S. Court of Appeals for Veterans Claims is soliciting this information in connection with its employee transit program, authorized by Public Law No. 101-509, Section 629. This information is solicited under authority of the Privacy Act, 5 U.S.C. Section 552a. 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 subsidy. 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 matching with lists of other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or the holder of a motor vehicle parking permit at any of those agencies.*

AUTHORIZED APPROVING OFFICIAL:

Printed Name _____
Chief Financial Officer

APPROVED:

Signature _____ DISAPPROVED: Signature _____
Chief Financial Officer

EMPLOYEE SURVEY ON COMMUTING COST

PURPOSE: To certify your qualified transportation benefit allowable under provision US code: Title 26, section 132 (f).

Name _____ SmarTrip Card # _____

1. What method of transportation, or combination of methods, do you use to commute to the Court (e.g. Local bus, Metro, Amtrak, Commuter Bus)?

2. Please circle your work schedule:
 - Regular (8hrs daily);
 - Alternate work schedule(AWS) (9 hr. or 10 hr. schedule.);
 - Teleworking (# of days _____ in the office per week).

3. What are your daily expenses for public transportation to the Court, excluding parking? Please list where you begin and end your public commute. E.g. AM commute; K-6 Metrobus to Fort Totten (\$ 2.00) Fort Totten Metro to Archives Metro Station (\$ 2.80); PM commute: Archives Metro Station to Fort Totten (\$2.80) and transfer from K- 6 Metrobus to home (\$2.00). Daily total commuting expenses (\$ 9.60)

**EMPLOYEE
CERTIFICATION**

WARNING: 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 States Code, Section 1001, Civil Penalty Action.

I certify that I am employed by the U.S. Court of Appeals for Veterans Claims and am not named on a federally subsidized workplace parking permit with this or any other Federal Agency, or that I will relinquish my permit before or upon receiving the fare benefit. I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and will not sell or transfer it to anyone else. I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

Please note that the information you have provided may be subject to random audit by Financial Manager or an outside auditor.

Signature _____

Date _____

Budget and Finance Section:

Total Anytime Amount: _____

Total Monthly Amount: _____