



NIH TRANSHARE PROGRAM APPLICATION



<http://dttts.ors.od.nih.gov/transshare.htm>

SECTION 1: TO BE COMPLETED BY THE EMPLOYEE. Complete ALL fields.

1. PURPOSE <input type="checkbox"/> New Enrollment in Transshare Program <input type="checkbox"/> Change in Benefits Amount <input type="checkbox"/> Annual Re-certification	2. EMPLOYEE'S NAME (<i>Last Name, First Name, Middle Initial</i>)
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3. NIH ID NUMBER	4. EXPIRATION DATE	5. TOTAL MONTHLY BENEFIT FROM PAGE 2 \$	6. INSTITUTE
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7. DIVISION OR CENTER	8. GOVERNMENT EMAIL ADDRESS
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9. OFFICE ADDRESS (<i>Street Address</i>)	10. OFFICE PHONE NUMBER
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City	State	Zip Code	11. HOME ADDRESS (<i>Street Address</i>)		
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Building Name or Number	Room Number	City	State	Zip Code
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I require a SMARTRIP card.
 I own a SMARTRIP card with serial # _____
 Metrocheks (for employees who ride MARC and VRE trains, Dillon, EYRE, Keller and Omni-Ride **ONLY**)

NIH will only issue one SMARTRIP card per transhare member and replacement is the responsibility of the participant.

I CERTIFY THAT: I am employed by the government; I will be using Transshare subsidy for my daily commute to and/or from work; I will not transfer the subsidy to anyone else; I understand that I must surrender all NIH parking permits and all off-campus parking access card (FACSCARD) and/or sticker numbers to participate in the NIH Transshare Program; I understand that I cannot be a participant in the NIH Transshare Program and have on or off-campus parking permits, other than satellite parking; I understand that I cannot have parking privileges and/or a reserved space at on or off-campus facilities (i.e., all parking permits and privileges MUST be surrendered in order to participate in the NIH Transshare Program); and to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith. A false, fictitious, or fraudulent certification will render me subject to criminal prosecution under U.S. Code, Title 18, Section 1001, including a fine and imprisonment for up to five years; a civil penalty action providing for administrative recoveries of up to \$5,000 per violation; and/or agency disciplinary actions up to and including dismissal, as well as repayment of Transshare funds to the agency and/or suspension of up to six months from both the NIH Transshare and Parking Programs at the NIH and/or revocation from the NIH Transshare Program.

APPLICANT'S SIGNATURE (I have read and understand the rules of the Transshare Program)	DATE (mm/dd/yyyy)
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PRIVACY ACT STATEMENT: Public Law 101-509, title IV-General Provisions, section 629 (1990) authorizes the collection of the information on this form. The primary use is by management and the NIH Employee Transportation Services Office (ETSO) to analyze participation in the NIH TRANSHARE Program. Additional disclosures of the information may be to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. In the event of litigation where the defendant is: (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Department of Justice has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to present an effective defense, provided such disclosure is compatible with the purpose for which the records were collected. Furnishing the information on this form is entirely voluntary; however, failure to do so will result in ineligibility to participate in the NIH TRANSHARE Program.

SECTION II: TO BE COMPLETED BY THE NIH TRANSHARE PROGRAM OFFICE/ETSO

NOTIFIED ENROLEE BY:	SMARTRIP NUMBER
<input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> In-person	APPROVED BENEFITS
Date: (mm/dd/yyyy) Time	

NOTES:	AUTHORIZED SIGNATURE
	DATE (mm/dd/yyyy)

NIH TRANSHARE PROGRAM COMMUTING COST DECLARATION

<http://dtts.ors.od.nih.gov/transhare.htm>

It is required that NIH Transhare Program participants calculate their monthly transit commuting costs to the nearest dollar. This worksheet must be completed and submitted in order to receive benefits.

Provide your monthly commuting transit expenses below. List each mode of transportation and how much it costs. It is possible that you will have a combination of daily, weekly, and/or monthly expenses included in your total.

Parking fees cannot be included when calculating your commuting costs. If you are a person with a disability, a senior citizen, or anyone else receiving reduced rates you must provide the reduced rates below. If your scheduled number of hours in the office changes or if you go on extended leave, contact the NIH Transhare Program office.

SECTION III DOCUMENT YOUR DAILY AND MONTHLY COSTS

Each mode should only have a daily cost associated with it. Only fill one column per row and convert your daily costs to monthly costs.

TRANSIT MODES OF TRANSPORTATION	NAME OF COMPANY <small>(e.g. MARC, Metro, VRE trains, Dillon, EYRE, Keller and Omni-Ride)</small>	DAILY COST	CHECK THE BOX WHICH BEST INDICATES YOUR WORK/TRAVEL DAYS
<input type="checkbox"/> BUS TO WORK (Metro Area)		\$	<input type="checkbox"/> 8 hour work day (20 work/travel days per month)
<input type="checkbox"/> BUS FROM WORK (Metro Area)		\$	
<input type="checkbox"/> OTHER BUS TO WORK (Commuter, County, Etc.)		\$	<input type="checkbox"/> 9 hour work day (AWS) (18 work/travel days per month)
<input type="checkbox"/> OTHER BUS FROM WORK (Commuter, County, Etc.)		\$	
<input type="checkbox"/> RAIL TO WORK (Light Rail, Subway)		\$	<input type="checkbox"/> 10 hour work day (AWS) (16 work/travel days per month)
<input type="checkbox"/> RAIL FROM WORK (Light Rail, Subway)		\$	
<input type="checkbox"/> OTHER RAIL TO WORK (Train)		\$	<input type="checkbox"/> Telework (AWS) (_____ travel days per month)
<input type="checkbox"/> OTHER RAIL FROM WORK (Train)		\$	
<input type="checkbox"/> OTHER	LIST MODE TO WORK	\$	<input type="checkbox"/> Part-time (_____ travel days per month)
	LIST MODE FROM WORK	\$	
TOTAL DAILY COST		\$	
<input type="checkbox"/> VANPOOL		\$	

SECTION IV COPY BELOW YOUR WORK/TRAVEL DAYS

To determine your **total monthly benefit**, please multiply your **total daily cost** by **travel days**.

TOTAL DAILY COSTS	x	WORK/TRAVEL DAYS (per month)	=	TOTAL MONTHLY BENEFIT

TOTAL MONTHLY TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR.
PLACE THIS AMOUNT ON PAGE 1, BOX 5

I CERTIFY this information to be true. I agree to notify the NIH ETSO/Parking Office if there are any changes in my commuter benefits by completing the "NIH Transhare Program Application" and checking the "Change in Benefit Amount Box". As an NIH Transhare Program participant, I will be notified yearly to recertify commuter subsidy NIH Transhare benefits. The NIH Transhare Program Application will be used and the "Annual Certification" box will be checked. Failure to adhere to these regulations and those in the NIH Policy Manual will result in the suspension or revocation of the NIH Transhare Benefits.

PRINT YOUR NAME:	SIGNATURE:
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