

**U.S. DEPARTMENT OF THE INTERIOR  
PUBLIC TRANSPORTATION SUBSIDY PROGRAM  
DE-ENROLLMENT FORM**

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**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 your Bureau/Office Transportation Subsidy Coordinator, and/or reimburse the Department via check or money order.

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**1. PARTICIPANT INFORMATION – Please type or print legibly.**

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LAST 4 DIGITS OF SSN:

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

BUREAU/OFFICE:

PAYROLL ACCOUNT CODE:

Reason for de-enrollment: Leaving DOI:    DOI Internal Transfer:    Change In Mode Of Transportation:

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**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)

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**RETURN OF UNUSED TRANSIT PASSES AND/OR MONETARY REIMBURSEMENT**

**REIMBURSEMENT FORMULA:**

1. Last Quarter 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 from #1) \$                      divided by (Sum from #2)                      = \$

4. Program de-enrollment date (mm/dd/yyyy):

5. The number of **work** days to the end of the Quarter (Calculate using a 20 work day month OR the number of actual days you commute to work each month using qualified modes of transportation as certified in your application):

6. (Enter sum from #3) \$                      multiply by (Sum from #5)                      = **(Amount Owed)** \$

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**3. MONETARY REIMBURSEMENT FOR WASHINGTON METROPOLITAN AREA**

**SMARTBENEFITS PARTICIPANTS ONLY:**

**January**    **February**    **March**    **April**    **May**    **June**  
 **July**    **August**    **September**    **October**    **November**    **December**

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**RETURN OF UNUSED TRANSIT PASSES AND/OR MONETARY REIMBURSEMENT**

**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 from #1) \$ \_\_\_\_\_ divided by (Sum from #2) \_\_\_\_\_ = \$ \_\_\_\_\_
4. Program de-enrollment date (mm/dd/yyyy): \_\_\_\_\_
5. The number of **work** days to the end of the month (Calculate using a 20 work day month **OR** the number of actual days you commute to work each month using qualified modes of transportation as certified in your application): \_\_\_\_\_
6. (Enter sum from #3) \$ \_\_\_\_\_ multiply by (Sum from #5) \_\_\_\_\_ = **(Amount Owed)** \$ \_\_\_\_\_

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**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 or appropriate bureau)

Note(s):

Participant Signature:

\_\_\_\_\_

Date (mm/dd/yyyy):

Transportation Subsidy Program Coordinator Signature:

\_\_\_\_\_

Date (mm/dd/yyyy):

For information or questions, contact NBC-DFMS at 202-208-7182.

(April 2009)