U.S. Equal Employment Opportunity Commission



TRANSIT BENEFIT PROGRAM Approving Official Guide

Last Updated March 1, 2016 Presented By:



Start at the <u>TRANServe.dot.gov</u>

• Choose Participants :



- Scroll to EEOC:
- Click: Transit Benefit Application System
 - Must use official EEOC government email address as your User Name
 - Any other Username will not permit access to the system
 - ◆ FIRST TIME ONLY Click "Register" to create an account"
 - A temporary password will be emailed to you

	LOG IN
*User Name: *Password:	Every Log In
	NOT REGISTERED YET? Register

- Complete the Account Information form (see screenshot below)
 - Use Your government email address is your User Name
 - Then tab to "Agency/Mode" to auto-fill "EEOC"

*User Name:	Government Email Address 🗲
*First Name:	
Middle Name:	
*Last Name:	
*Agency/Mode:	▼
Phone Number:	

After registration all Supervisors must email <u>TRANSIT BENEFITS@eeoc.gov</u> to request elevation to Approver Status

Application Actions:

- 1) CERTIFY/ENROLL
 - a. Recertification of existing participants
 - b. Enrollment of New participants
 - c. Change in Transit Cost
- 2) CHANGE
 - a. Information Change
 - i. Address or method of transportation
 - 1. Non expense change
- 3) WITHDRAWAL
 - a. Withdraw from the program

To Approve An Application:

1. Select the correct queue:

Supervisors – Choose Pending First Approving Official

Home	Transit Application	Approval Section	Utilities	A
		Pending First Appro	ver	
		Pending TBC Certific	er	
		Pending National Pro	ogram Office	
		Approved Records		
		Disapproved Record	ls	
		Completed Records		

2. Click the name to review:



Hint: Use Ctrl +F to locate a specific name in a long list

Visit the TRANServe website at: http://transerve.dot.gov

The application and expense worksheet are displayed for Review:

	Approve Disappro	ve Cancel		
Reason for Disappro	oval:			
CERT	IFICATION PENDING (1	IST LINEAPPRO	VER)	[History]
	TRANSIT BENEFITS	WORKSHEET		
Note: The user acknowle	Reason for Cert New Transit Benefit dges that they have com Application tra	ification: Participant pleted the requir aining.	ed Annual Trans	sit Benefit
Employme	ent Type: VOLUNTEER	Work Status	: Full Time	
Method of Trans	sportation	Daily Expense	Days per Month	Total Monthly Expense
Bus to Work	Name of Company SEPTA	\$ 2.43	8	\$ 19.44
Bus from Work	Name of Company SEPTA	\$ 2.76	8	\$ 22.08
Other Bus to Work	Name of Company	\$		\$
Other Bus from Work	Name of Company	\$		\$
Rail to Work	Name of Company PATCO	\$ 2.6	8	\$ 20.8
Rail from Work	Name of Company PATCO	\$ 2.6	8	\$ 20.8
Other Method to Work:	Name of Company	\$		\$
Other Method from Work:	Name of Company	\$		\$
Van Pool	Name of Company	\$		\$
Parking	Name of Company	\$		\$
		·	S	ubtotal: \$ 83.11
Employees are responsible for accordance with their actual w	adjusting their monthly t ork commute each month	ransit benefits ea n.	ach month in	Total Monthly Costs \$ 83.11

TRANSIT BENEFIT PROGRAM APPLICATION
*Identifier: ****
Name: JOHNSON CHERI A. (Last) (First) (Middle Name)
Email Address: cheri.johnson@dot.gov *Work Phone: 202-366-0064
*Common Identifier: EEOC/Cincinati
DEPARTMENT OF TRANSPORTATION
*Select Your Agency/Mode: EEOC V *Region: DC V
*Admin: TEST CARDS 🗸 🥝
Accounting Code: Select .
I certify that my usual monthly Transit commuting costs are: 200.00
WORK INFORMATION
*Work Address: Your Physical Duty Station Address
*Work City: City *Work State: DC V *Work Zip: 12345
RESIDENCE INFORMATION
*Address: Your Physical Home Address
Address 2: Apartment Number
*City: Hometown *State: MD V *Zip: 20715
*Approving Official: LINDA ASHE <u>Select</u> *Point of Contact: CANDACE SWANN <u>Select</u>
*Manager/Fund Certifier: LINDA ASHE Select Ø Manager Phone: 123-456-7890
*SmartTrip Card Number: NA
Comment for Agency Approvers:
Continue Cancel

PRIVACY ACT STATEMENT:

This notice is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a: This information is solicited under authority of 5 U.S.C. § 7905. Furnishing the information on this form is voluntary, but failure to provide all or part of the information may result in disapproval of your request for a public transit fare benefit. The principal purposes of the information are to facilitate timely processing of your request, to ensure your eligibility for transit benefits, and to prevent misuse of the funds involved. The information may be used for production of listings and reports and for periodic review or revalidation of transit benefits. Partial SSN (last 4 digits) is used to compare applications within the system to detect duplicate applications. Other routine uses are published in the Federal Register at 65 F.R.19476 (April 11, 2000).

The Application must:

- i. Specify name of Transportation Provider
- ii. Indicate Daily, Subtotal and Total Monthly Expense
- b. The Approver must:
 - 1. Verify the employee works for you
 - 2. Follow all Application Review Procedures
 - 3. Check SmarTrip[®] user entered as "NA"
 - a. Not- N/A
 - b. Not-n/a
 - c. Not- na
- c. Click "[History]" to review past actions on *this* application.
 - i. To Approve or Disapprove the Application
 - 1. Scroll to the top
 - a. Click "Approve" or "Disapprove"

Approve Disapprove Cancel	
Reason for Disapproval:]
	[History]

ii. If disapproved, enter clear Instructions to Participant in "Reason for Disapproval"

This completes the Normal Approval Process.

Review Past Applications

- 3. To View Past Applications:
 - a. Select "Completed Records"



- b. Enter Participant's Name
- c. Click "Search"
 - i. Click Participant's Name to choose a record
 - 1. Review past application (if applicable)
 - 2. Click "Back" to look at another past application
 - 3. Use this Navigation Bar to take another action

Home Transit Application Approval Section Utilities Admin Logout

Using the Proxy Feature

To Add a Proxy

- 1. From the Home screen, click "My Account"
- 2. Click on your role
 - a. "1st Line Approver"

	(a standa stad)		(
	(not selected)		(selected)	
-				
		-		
	Add >>		<< Remove	
Users who h	ave you as proxy: N/A			
A hint is	a moaningful porco	nal accordiation to	help you remember your password	4
This is a	a meaningiui perso		neip you remember your password	4.
This is c	ptional, but highly fe	ecommended.		

- 3. Select your designated Proxy from (not selected) list on the left
- 4. Click "Add" to move name to (selected) box.
- 5. Click "Update"

Reverse Proxy Action:

1. Click "Remove" to return name to the (not selected) box.

SUP	ERVISOR PRO	XY	
(not selected)		(selected)	
	*		
	E		
	Ŧ		
Add >>		<< Remove	

2. Click "Update"

Applicants are kept informed using email notifications

Sample:

From:	DONOTREPLY TRANServe WebApp
To:	Johnson, Cheri (OST)
Cc	
Subject:	Your Certification Request has been sent to your TBC Certifier.
8	1 * * 1 * * 1 * * 2 * * 1 * * 3 * * 1 * * 4 * * 1 * * 5 * * * 1 * * 6 * * 1 * * 7 * * 1 * * 8 * * * 1
Your an	inlication has been Approved by the 1st First Approver and forwarded to the 2nd First Approver for funding, First Name - CHERI
rour up	pleases in as been approved by the 1st instrappioner and ron and do the End instrappioner for ronaling, instrumner energy
Last Nar	me : IOHNSON Phone Number : 202-512-0000 Email Address : Card adverse Cont and any
Curring	The source of the second characters a
This is S	ustem generated massage, and a response to this email will not be delivered
This is S	ystem generated message, and a response to this email will not be delivered.

Password Resets are Self-Serve using email

Sample:



Application Approvers are prompted using email notifications

Sample:

From: PTB Public Website Administrator [mailto:DONOTREPLY.TRANServeWebApp@dot.gov] Sent: Tuesday, May 05, 2015 12:52 PM To: Internet Senter Control of the Senter Control of the

Please e-mail any questions or concerns to: TRANSITBENEFITS@eeoc.gov