DOT FEDERAL EMPLOYEE TRANSIT BENEFIT PROGRAM

Approving Official Guide

Oversight Guidelines for Transit Benefit Coordinators

Background

The Operating Administrations are responsible for verifying federal employees meet the requirements for participation in the transit benefit program as outlined in Executive Order 13150 *Federal Workforce Transportation*, April 21, 2000, and DOT Order 1750.1A. This includes determining that employees are using mass transit for the bulk of their commute to work.

The U. S. Department of Transportation (DOT) Transit Benefit Program Policy and Guidance requires the Operating Administrations (OA) to establish Transit Benefit Coordinators for the National Capital Region and field offices.
- Transit Benefit Coordinators are responsible to communicate, coordinate, audit, and manage their agency transit benefit program
- TRANServe provides guidance and serves as the point of contact for Transit Benefit

Best Practices

To maintain integrity and program controls, Transit Benefit Coordinators must conduct routine audits of transit benefit records.

Internal Controls include:

A.   Review monthly transit benefit billing reports for accuracy. The review should verify:
1. Employees who have departed the agency are no longer receiving benefit. Cross check the transit benefit alphabetical listing with Human Resources records to ensure separated employees followed exit procedures and withdrew from the transit benefit program.
2. Employees on extended travel or leave have not picked up a monthly benefit for the period they were not at their home station.
3. Employees who intermittently telework or drive should show as a reduced amount on the 6 month report
4. Benefits are adjusted due to change of address
5. Participants with a pickup record over the monthly statutory limit are reported to the TRANServe Office
6. Participants with records that show no adjustments due to daily parking in the garage, vacations, holidays, etc. are notified in writing, of the policy requirements to adjust their benefits for actual commuting expense

B. Verify transit benefit applications disclose/provide all information required by the OMB Memorandum, M-07-15 (attachment) such as:
- The Employee's Home Address (including the street name)
- The Employee's Work Address

C.   Enforce the use of electronic fare media where available

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

<u>Monitoring Guidelines</u>

- Check the six month report for adjustments
  - Participants are expected to adjust when they do not use mass transit
    - i.e. leave, travel, unscheduled telework, weather closure, driving, carpooling, or slugging

- When there are no adjustments:
  - Talk to the participant...what is his/her work schedule?
  - Check the method of transportation

- When you believe adjustments should be made:
  - Check the participant's leave history in Castle
  - Check the participant's travel schedule
  - Request the participant's pickup records from the PTRAN Office
 - Request proof of no HQ parking from the PTRAN Office

Important Note:

DOT Order 1750.1B requires all Transit Benefit Program Participants recertify their transit benefit and complete Transit Benefit Integrity Awareness training annually.

Modal Coordinators/POC's are required to retain proof each participant has completed Transit Benefit Integrity Awareness training.

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

Start at the DOTnet

- Choose Parking Transit

HQ
- Evacuation Map
- Cafeteria
- Facilities
- Parking / Transit
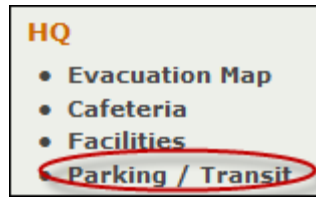
- Click: DOT Transit Benefit Enrollment/Change Applications
- Log-in with your User Name and Password
  - ♦ Your government email address is your User Name
  - ♦ FIRST TIME ONLY – Click "Register" to create an account"
    - ▪ A temporary password will be emailed to you

Application Types:

1) RECERTIFY/ENROLL
   a. Recertification = existing participants
   b. New enrollees

2) CHANGE
   a. Information Change
      i. address, rate, method of transportation

3) WITHDRAWAL
   a. Withdraw from the program

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

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1. Select "Approval Section"

2. Select the correct queue
   a. 1st Approver – Select "Pending Supervisor"
   b. 2nd Approver – Select "Pending Manager"

3. Click the name to review

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

a. The application and expense worksheet are displayed

U.S. Department of Transportation
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Facilities Service Center - TRANServe
Transit Benefits Program

U.S Department of Transportation

| Home | Transit Application | Approval Section | Utilities | Admin | Logout | Welcome CHERI JOHNSON |

[Approve] [Disapprove] [Cancel]

Reason for Disapproval: [   ]

[History]

TRANSIT BENEFITS WORKSHEET

Reason for Certification:
Annual Certification/Recertification

Civilian/Military: Civilian   **Work Status:** Full Time

Method of Transportation		Daily Expense	Days per Month	Total Monthly Expense
Bus to Work	Name of Company	$		$
Bus from Work	Name of Company	$		$
Other Bus to Work	Name of Company	$		$
Other Bus from Work	Name of Company	$		$
Rail to Work	Name of Company METRO	$ 5.75	12.00	$ 69.00
Rail from Work	Name of Company METRO	$ 5.75	12.00	$ 69.00
Other Method to Work:	Name of Company	$		$
Other Method from Work:	Name of Company	$		$
Van Pool	Name of Company	$		$

Subtotal: $ 138.00

Employees are responsible for adjusting their monthly transit benefits each month in accordance with their actual work commute each month.	Total Monthly Costs $ 138.00

TRANSIT BENEFITS APPLICATION

STATUS: [RECERTIFY]

Smart Benefits Program: YES
Identifier: ****
Name: GRAY (Last)   ERIC (First)   (Middle Name)
Email Address: egray@cpsc.gov   **Work Phone:** 301-504-7775
Common Identifier: panthers   **Work Zip Code:** 20814

Mode: CPSC   **Region:** DC
Admin: CONSUMER
I certify that my usual **monthly commuting cost** are: $138.00

WORK INFORMATION
Work Address: 4330 East West Highway
Work City: Bethesda   **Work State:** MD   **Work Zip:** 20814
RESIDENCE INFORMATION
Address: 6320 Pioneer Drive
City: Springfield   **State:** VA   **Zip:** 22150
Approving Official: SCOTT SIMMONS
Point of Contact: CINDY WARREN
Manager/Fund Certifier: CYNTHIA WARREN   **Phone:** 301-504-7117
SmartTrip Card Number: 01671246813318132484
Comment for Agency Approvers:

4. Review the Application

    a. The Application must:
        i. Specify name of Transportation provider
        ii. Indicate Daily, Weekly, Subtotal, Total Monthly Expense

    b. The Approver must:
        i. Verify the employee works for your Agency
            1. Check with your HR department, if needed
            2. Check the global directory
        ii. Check SmarTrip® user entered number correctly
            1. Regional Field Offices enter "NA"
        iii. Approve or Disapprove the Application
            1. Scroll to the top
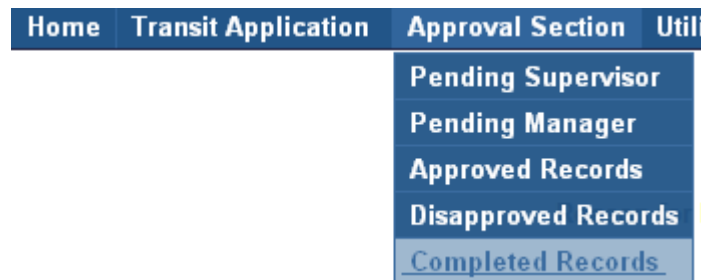   a. Click "Approve" or "Disapprove"

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

Note: Click "[History]" to review past actions

5. View Past Actions
    a. Select "Completed Records"

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

Appendix A

Using The Proxy Feature

Add a Proxy

1. From the Home screen, click "My Account"
2. Click on your role
   a. "Supervisor Proxy" or "Manager Proxy"

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 to Remove:

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

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Appendix B

Sample: Six Month Report (M-70 January through June FY10) – names removed (xxx,xxx)

AGENCY	NAME	MONTHLY COST	JAN10	FEB10	MAR10	APR10	MAY10	JUN10	TOTAL
DOT-OST-WCF M-70 - 0402001000	XXXXX, XXXX	$230.00	$230.00	$230.00	$230.00	$230.00	$230.00	$230.00	$1,380.00
DOT-OST-WCF M-70 - 0402001000	XXXXX, XXXX	$128.00	$100.25	$85.80	$66.45	$94.50	$101.45	$104.25	$552.70
DOT-OST-WCF M-70 - 0402001000	XXXXX, XXXX	$46.00		$184.00				$70.00	$254.00
DOT-OST-WCF M-70 - 0402001000	XXXXX, XXXX	$138.00					$143.00		$143.00
DOT-OST-WCF M-70 - 0402001000	XXXXX, XXXX	$230.00			$460.00				$460.00
DOT-OST-WCF M-70 - 0402001000	XXXXX, XXXX	$94.00	$75.00	$67.10	$71.85	$94.00	$84.95	$94.00	$486.90
DOT-OST-WCF M-73 - 1103002000	XXXXX, XXXX	$104.00	$60.75	$47.45	$80.00	$70.70	$41.50	$84.20	$384.60
DOT-OST-WCF M-73 - 1103005000	XXXXX, XXXX	$151.00	$97.00		$100.00	$75.00	$89.00	$130.00	$491.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$120.00	$75.00		$100.00				$175.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$104.00	$104.00			$104.00		$104.00	$312.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$136.00			$136.00				$136.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$756.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$161.00	$129.00	$70.00	$134.00	$139.00	$65.00	$81.00	$618.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$108.00	$104.00	$104.00	$104.00	$108.00	$108.00	$108.00	$636.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$158.00	$136.00	$91.00	$131.00	$125.00	$126.00	$131.00	$740.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$142.00	$68.00	$68.00	$118.00	$140.00	$140.00	$140.00	$674.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$136.00	$136.00	$136.00	$136.00	$136.00	$136.00	$136.00	$816.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$176.00	$176.00	$176.00	$176.00	$176.00	$176.00	$176.00	$1,056.00
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$83.00	$83.00	$83.00	$62.00	$83.00	$52.80	$83.00	$446.80
DOT-OST-WCF M-73 - 1103006000	XXXXX, XXXX	$142.00	$122.00	$122.00	$95.00	$122.00	$122.00	$122.00	$705.00

Notes:

We are available to assist you

Please email questions to:

Parking.TransitOffice@dot.gov

Call us: 202-366-1398

Or visit PTRAN in W12-190

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