



PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-509. 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 benefit.

NOTE: Items 1 through 12, and the reverse of this form, should be completed in full before submitting to your designated transit manager.

Form sections 1-10: 1. NAME OF APPLICANT, 2A. FULL DUTY STATION ADDRESS, 2B. HOME ADDRESS, 3. ORGANIZATION CODE, 4. PAYROLL DUTY STATION NO., 5. EMPLOYEE'S LAST FOUR SOCIAL SECURITY NO.'S, 6. TYPE OF BENEFIT, 7. ACTION REQUESTED, 8A. MODE(S) OF TRANSPORTATION, 8B. NAME OF TRANSIT AUTHORITY, 8C. ZONE(S), 8D. WHAT TYPE OF MEDIA FARE DO YOU REQUIRE, 9. DO YOU RECEIVE REDUCED FARE PUBLIC TRANSPORTATION RATES, 10. SCHEDULED TOUR OF DUTY.

EMPLOYEE CERTIFICATION

WARNING: This certification concerns a matter with 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, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including removal from Federal Service.

I certify that I am employed by the Department of Veterans Affairs and am not named on a Federally subsidized workplace parking permit with VA or any other Federal agency.

I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and/or from work, and will not transfer it to anyone else.

I certify that my monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the monthly statutory limit, then I will continue to use public transit and will supplement those additional costs with my own funds.

I certify that whenever I have usable transit benefits left over at the end of a distribution period due to leave or travel, I will reduce my next transit benefit by the amount of benefits I did not use during the previous distribution.

I certify that my usual monthly public transit commuting costs (excluding any parking costs) are \$ (rounded to the nearest dollar).

Form sections 11-12: 11. OFFICE TELEPHONE NO., 12A. SIGNATURE OF EMPLOYEE, 12B. DATE

SUPERVISOR CERTIFICATION

I certify that the above applicant is employed and paid by VA; is eligible for VA transit subsidy; and has read and understands all information contained in the Employee Certification Section of this application.

Form sections 13A-13C: 13A. PRINTED NAME OF SUPERVISOR, 13B. SIGNATURE OF SUPERVISOR, 13C. DATE

VERIFICATION - TRANSIT MANAGER

Form sections 14-17: 14. NAME OF TRANSIT MANAGER, 15. LOCATION, 16. SIGNATURE OF TRANSIT MANAGER, 17. DATE

FOR PAYROLL OFFICE USE ONLY

Form sections 18-19: 18. PAID INPUT COMPLETED, 19. DATE

Table with 2 columns: ORGANIZATION CODES and descriptions. Includes codes (00) through (50) and their corresponding agency names.

MASS TRANSIT EXPENSE WORK SHEET

NOTE: The Application for Public Transit Fare Benefit, VA Form 0722, requires VA subsidy participants to calculate their usual monthly mass transit commuting cost for their daily commute to work. This work sheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly mass transit commuting cost to the nearest dollar.

INSTRUCTIONS: Calculate your *Total Monthly Mass Transit Expenses* by the way you pay for your commute. Use the daily column if you pay for transportation on a daily basis; the weekly column if you purchase weekly commuter tickets; or the monthly column if you purchase a monthly ticket or pass. It is possible that you may list costs in more than one column depending on the number of transportation modes you take and how you pay for them. Then, using the conversion section, convert all cost to total monthly costs to the nearest dollar amount.

REMEMBER: Parking fees are not allowed and cannot be included when computing monthly transit costs. If you are a person with a disability or a senior citizen receiving reduced fares rates, you must calculate the reduced fare rates that you pay.

MODE OF TRANSPORTATION		DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
BUS TO WORK <i>(Local)</i>	NAME OF COMPANY	\$		
BUS FROM WORK <i>(Local)</i>	NAME OF COMPANY	\$	\$	\$
OTHER BUS MODE TO WORK <i>(Commuter or County)</i>	NAME OF COMPANY	\$		
OTHER BUS MODE FROM WORK <i>(Commuter or County)</i>	NAME OF COMPANY	\$	\$	\$
RAIL TO WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION	\$		
RAIL FROM WORK <i>(Light Rail or Subway)</i>	FROM WHAT STATION	\$	\$	\$
COMMUTER RAIL TO WORK <i>(Train)</i>	NAME OF COMPANY/STATION	\$		
COMMUTER RAIL FROM WORK <i>(Train)</i>	NAME OF COMPANY/STATION	\$	\$	\$
OTHER <i>(Specify)</i>	NAME OF COMPANY	\$		
	NAME OF COMPANY	\$	\$	\$
VAN POOL COST PER MONTH	NAME OF COMPANY			\$
TOTAL ▶		\$	\$	\$

CONVERTING DAILY AND WEEKLY COST TO MONTHLY COST

40-HOUR WORKWEEK SCHEDULE CONVERSION

EIGHT HOUR WORK DAY CONVERSION			NINE HOUR WORK DAY CONVERSION			TEN HOUR WORK DAY CONVERSION		
DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH	DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH	DAILY COST	NO. DAYS WORKED	TOTAL DAILY COST PER MONTH
\$	X 21	\$	\$	X 19	\$	\$	X 17	\$

PART TIME OR TELECOMMUTE CONVERSION

WEEKLY PASS CONVERSION

<i>Complete if you do not commute on a full time basis (part-time, telecommute, etc.)</i>			WEEKLY PASS COSTS	NUMBER OF WEEKS PER MONTH	TOTAL WEEKLY COST PER MONTH
DAILY MASS TRANSIT COST	NUMBER OF DAYS COMMUTING TO WORK PER MONTH	TOTAL MONTHLY COSTS	\$	X 4	\$
\$	X	\$			

NOTE: If the scheduled number of hours you work per month changes due to intermittent tours of duty, see your Transit Manager for possible self-certification options as prescribed in Transit Benefit Program Directive 0633.

NAME OF EMPLOYEE <i>(Please print your name clearly)</i>	TOTAL DAILY COST PER MONTH <i>(if any)</i> ▶	\$
	TOTAL WEEKLY PASS COST PER MONTH <i>(if any)</i> ▶	\$
SIGNATURE OF EMPLOYEE	TOTAL MONTHLY PASS EXPENSE <i>(if any)</i> ▶	\$
	GRAND TOTAL COST PER MONTH ▶	\$
MY GRAND TOTAL MONTHLY MASS TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR <i>(Round either up or down to nearest dollar)</i>		\$

NOTE: Employees are responsible for adjusting their monthly transit benefit each month in accordance with their actual commuting costs.