



APPLICATION FOR TRANSIT BENEFIT PROGRAM

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. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies of the Government-assigned parking to ensure consistency with mode of transportation checked. For more information about how USAID uses and safeguards your personal information, see OPM/GOVT-1: General Personnel Records System of Records Notice (77 FR 79694, December 11, 2012).

| PLEASE COMPLETE FORM AND TYPE OR PRINT LEGIBLY | | | |
|--|-----------------|--|---------------------|
| (Check One) <input type="checkbox"/> New Employee <input type="checkbox"/> Re-certification <input type="checkbox"/> Replacement Card <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Change of Address <input type="checkbox"/> Personal/Bureau Change | | | |
| Employment Status: <input type="checkbox"/> Direct Hire <input type="checkbox"/> Intern <input type="checkbox"/> Personal Services Contractor <input type="checkbox"/> Other: | | | |
| 1. Last Name: | | 2. First Name: | |
| 3. Home Address (Number/Street): | | | |
| 4. City: | | 5. State: | 6. Zip Code: |
| 7. Bureau: | 8. Room Number: | 9. Phone (Work): | 10. Phone (mobile): |
| 11. Commuting method to and from work: <input type="checkbox"/> Metro Rail <input type="checkbox"/> Metro Rail/Bus <input type="checkbox"/> Metro Parking (Please provide the Metro Parking page from WMATA) <input type="checkbox"/> MARC/VRE/Commuter Bus (CommuterDirect.com) <input type="checkbox"/> Transit Authority Vanpool <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Please provide your daily transportation itinerary to/from work: Daily Round Trip Fare: \$_____ x 22* days = \$_____</p> <p>(*Reduce number of days for approved telework days. Four (4) days for each approved telework day per week)</p> <p>Number of days after telework/Alternate Work Schedule reduction: _____</p> </div> <div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"> <p>Reduced Fare Program for Employees with Disabilities and Senior Citizens</p> <p>Under these programs, employees with disabilities and senior citizens may travel on Metrobus and Metrorail for half the regular (rush hour) fare at all times. See www.wmata.com website for details.</p> </div> </div> | | | |
| 12. Are you currently in a carpool with USAID or any other government agency employees? Yes No (If yes, provide the primary driver's name): | | | |
| 13. SmartBenefit Program Note: In order to receive your Transportation Subsidy Benefit as SmartBenefits, you must purchase and register your SmarTrip card at www.wmata.com . Your SmarTrip serial number is located on the back side of your card in the lower right-hand corner. <i>Due to changes within the Metro system, only Smartrip cards with numbers beginning with "0167" or "0176" will be eligible for Smartbenefits.</i> | | | |
|  <p style="text-align: center;">SmarTrip Serial Number: _____</p> <p style="text-align: center;">(attach copy of back of card)</p> | |  <p style="text-align: center;">Senior SmarTrip Serial Number: _____</p> <p style="text-align: center;">(attach copy of back of card)</p> | |
| EMPLOYEE CERTIFICATION I hereby certify that I am employed by the United States Agency for International Development and am not named on a Federal- subsidized workplace parking permit with USAID or other Federal Agency. I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work and will not transfer it to anyone else. My monthly transit benefit I am receiving does not exceed my monthly commuting costs. I am not receiving Metro benefits from another Federal Agency. | | | |
| EMPLOYEE SIGNATURE | | DATE: | |
| AMS OFFICER SIGNATURE (I certify that the above individual is a USAID employee or other eligible participant) | | DATE: | |
| AMS Printed Name | | | |