RESET

NOAA 42-28 *(rev. 03-05)*
(Exception to CD 544)

☐ New ☐ Field ☐ Utilizing SF1164 ☐ Wash. Metro Area
Changes: ☐ Increase ☐ Decrease ☐ Remove ☐ New Org/Task

APPLICATION FOR TRANSIT BENEFITS
DOC-NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
(FORM MUST BE COMPLETED)

PLEASE TYPE

NAME:_____
(Last) *(First)* *(M.I.)* *(Last 4 Digits of Social Security No.)* *(Grade/Rank)*

HOME Address:_____
(Street) *(City)* *(State)* *(Zip)*

WORK Address: DOC NOAA
(Agency) *(Bureau)* *(Office)* *(Room)*

_____
(Address) *(City)* *(State)* *(Phone Number)*

PREVIOUS MODE OF TRANSPORTATION USED FOR COMMUTING: *(Please check all that apply)*

___Car (single or double occupancy, not including drive to Commuter Parking Lot) ___Other_____ *(Specify)*

___Car/Van pool ___Commuter Bus ___Commuter Train ___Metro Bus ___Metro Rail

MASS TRANSIT BENEFIT MODE OF ACTUAL COMMUTING: *(Please check all that apply)*

___Commuter Bus ___Commuter Train ___Metro Bus ___Metro Rail ___Metro-Approved Van Pool*

**must have seating for six passengers and a minimum of 80% of mileage must be used for transporting employees to and from work.*

DO YOU RECEIVE REDUCED FARE: PUBLIC TRANSPORTATION RATES (Employee with disabilities or Senior Citizen) ☐ *Yes* ☐ *No*

EMPLOYEE CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE DEPARTMENT OF COMMERCE, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA) AND AM NOT NAMED ON A **WORK SITE PARKING PERMIT** WITH DOC/NOAA, ANY OTHER FEDERAL AGENCY, OR ANY COUNTY PARKING BENEFIT PROGRAM. I ALSO CERTIFY THAT I AM ELIGIBLE FOR A PUBLIC TRANSPORTATION SUBSIDY BENEFIT, WILL BE USING IT FOR MY REGULAR DAILY COMMUTE TO AND/OR FROM WORK, AND I WILL NOT TRANSFER IT TO ANYONE ELSE. IN ADDITION, I CERTIFY THAT THE MONTHLY TRANSIT BENEFIT I AM RECEIVING **DOES NOT EXCEED** MY AVERAGE MONTHLY COMMUTING COST (BASED ON A 20-DAY MONTH COMMUTING BY PUBLIC TRANSPORTATION). I certify 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 supplement those additional costs with my own funds rather than use a Government provided transit benefit designated for use in a future month. I certify that my usual monthly commuting costs are: $_____.

THIS CERTIFICATION CONCERNS A MATTER WITHIN 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 $5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.

X _____
(Applicant's Signature) *(Date)*

Privacy Act Statement: This information is solicited under authority of 5 U.S.C. Sections 301 and 7905. 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 fund involved. This information will be provided to the Department of Transportation for processing of benefits. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a car pool or van pool participant or a holder of any other form of vehicle work site parking permit with the Department of Commerce/NOAA or any other Federal or County agency.

COMPLETED BY EMPLOYEE'S SUPERVISOR

LINE/STAFF OFFICE: *(Check one)*

NESDIS	NWS	NOS	NMFS	OAR	OFA	USEC	GC	NMAO	PPI	CIO
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Enter Appropriate Dollar Amount of the Fare Media Requested: $ _____ *(Monthly Cost)* Not to exceed $105.00 per month.

_____
(Supervisor's Signature) *(Print Name)* *(Date)*

COMPLETED BY BUDGET OFFICE: **AVAILABILITY OF FUNDS APPROVAL:** _____
(Signature of Budget Officer)

_____ _____
(Org/Task) *(Date)*

VERIFIED BY POC:

_____
(Signature of POC) *(Print Name)* *(Date)*

Please forward completed form to : Real Property Management Office (OFA 50), Subsidy Program Manager, SSMC 4, Room 8653, Silver Spring, MD 20910

MASS TRANSIT EXPENSE WORK SHEET

NOTE: NOAA Application for Public Transit Fare Benefit, requires NOAA participants to calculate their usual monthly mass transit commuting cost to the nearest dollar 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.

INSTRUCTIONS: Calculate your *Total Monthly Mass Transit Expenses* by the way you pay for commute. List your mode of mass transportation, and how much it cost you; *daily*, or if paid *weekly*; or if purchased in *monthly* passes. Then using the work sheet below, convert all costs to a total monthly amount. It is possible that an employee may have a combination of daily, weekly or monthly expenses in computing their total monthly mass transportation expenses.

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

MODE OF TRANSPORTATION			DAILY EXPENSE	WEEKLY PASS EXPENSE	MONTHLY PASS EXPENSE
BUS TO WORK *(Local)* ☐		NAME OF COMPANY	$		
BUS FROM WORK *(Local)* ☐		NAME OF COMPANY	$	$	$
OTHER BUS MODE TO WORK *(Commuter or County)* ☐		NAME OF COMPANY	$		
OTHER BUS MODE FROM WORK *(Commuter or County)* ☐		NAME OF COMPANY	$	$	$
RAIL TO WORK *(Light Rail or Subway)* ☐		FROM WHAT STATION	$		
RAIL FROM WORK *(Light Rail or Subway)* ☐		FROM WHAT STATION	$	$	$
COMMUTER RAIL TO WORK *(Train)* ☐		NAME OF COMPANY	$		
COMMUTER RAIL FROM WORK *(Train)* ☐		NAME OF COMPANY	$	$	$
OTHER *(Specify)*	LIST MODE TO WORK	NAME OF COMPANY	$		
	LIST MODE FROM WORK	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 WORKDAY 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 20	$ 0.00	$	x 18	$ 0.00	$	x 16	$ 0.00

LESS THAN 40-HOUR WORKWEEK SCHEDULE CONVERSION			WEEKLY PASS CONVERSION		
Complete if you work less than 40-hours per week (Telecommuter, part-time, etc.)			WEEKLY PASS COSTS	NUMBER OF WEEKS PER MONTH	TOTAL WEEKLY COST PER MONTH
DAILY MASS TRANSIT COST	NUMBER OF DAYS WORKED PER MONTH	TOTAL DAILY COST PER MONTH			
$	X	$	$	X 4	

NOTE: If the scheduled number of hours you work per month changes, see your Point of Contact for possible self-certification options as prescribed in Transit Benefit Program Directive 0633

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