



Architect of the Capitol
U.S. Capitol, Room SB-15
Washington, DC 20515
202.228.1793
www.aoc.gov

United States Government
ORDER 900-3

EFFECTIVE DATE: December 4, 2013

SUBJECT: Transportation Benefits Program Policy

SERIES: Architect of the Capitol, Human Resources Manual, Chapter 900-3

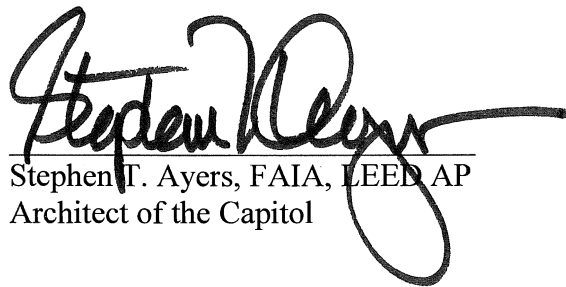
DESCRIPTION: This order modifies the Architect of the Capitol's policy on the Transportation Benefits Program and revises procedures for administering the transit subsidy program.

SCOPE: The policy covers all employees with the exception of contractors, summer interns, individuals paid under the provisions of the Davis-Bacon Act, and temporary employees hired for congressional moves.

OPR: Human Capital Management Division, Employee Benefits and Services Branch

SUMMARY OF CHANGES: Employees using MARC/VRE commuter trains, commuter bus and vanpool as a mode of transportation now receive a TRANServe Debit Card to purchase commuter tickets. Debit cards are funded on the 10th of each month. Any monies not used by the 9th of the month are returned to the AOC's account.

SUPERSEDES: This policy replaces AOC Order 900-3, dated February 7, 2011.



Stephen T. Ayers, FAIA, LEED AP
Architect of the Capitol

ORDER OF THE ARCHITECT OF THE CAPITOL 900-3

TRANSPORTATION BENEFITS PROGRAM POLICY

TABLE OF CONTENTS

1. Purpose	3
2. Policy	3
3. Coverage	3
4. Exclusions	3
5. Definitions	3-4
6. Responsibilities	4-6
7. Procedures	6-7
8. References	7
Appendix A – Form 900-1, Transportation Benefits Program Application	7

1. Purpose

This policy sets forth the Architect of the Capitol's (AOC) policy for its Transportation Benefits Program and prescribes responsibilities and procedures for program administration. Transit subsidies are available to eligible AOC employees for commuting costs involving public mass transportation.

2. Policy

It is the policy of the AOC to promote and encourage the use of mass transportation for commuting purposes to and from work by providing a direct transit subsidy benefit in the form of Smart Benefits or TRANServe debit cards. Transit subsidy benefits will not exceed an established amount and are provided based on funding availability.

3. Coverage

This policy applies to all full and part-time AOC employees, except as noted below, without regard to annual salary level. For bargaining unit employees, the provisions of this policy will be implemented in accordance with governing collective bargaining agreements, where applicable.

4. Exclusions

- 4.1. Employees who receive parking privileges under the jurisdiction of the House of Representatives or the Senate Parking Program, or other federal parking programs.
- 4.2. Employees who are members of a private carpool or vanpool receiving parking privileges under the jurisdiction of the House of Representatives or the Senate Parking Program, or other federal parking program.
- 4.3. Individuals paid under the provisions of the Davis-Bacon Act.
- 4.4. Summer interns.
- 4.5. Contractors.
- 4.6. Temporary employees hired for congressional moves.

5. Definitions

- 5.1. **Authorizing Official:** The representative identified in each jurisdiction to authorize Transit Benefit Program applications for eligible employees.
- 5.2. **Commuter Highway Vehicle (Vanpool):** An approved mass transportation vehicle that must have a seating capacity of at least six adults, not including the driver, and at least 80 percent of the mileage used must be for the purpose of transporting employees between their homes and places of employment. The vanpool must be owned or operated by public transit authorities, a company, or a person in the business of transporting persons for compensation.
- 5.3. **Direct Transit Subsidy Benefits:** A monthly Smart Benefit or TRANServe Debit Card up to a maximum limit established by the AOC.

- 5.4. **Eligible Employee:** A full or part-time AOC employee who regularly commutes each month to and/or from work using (1) public transportation, or (2) a Commuter Highway Vehicle (vanpool), and is not covered under the exclusions outlined in Section 4.
- 5.5. **Extended Leave:** A period greater than 90 days that a qualified AOC employee is absent from work.
- 5.6. **False Claim:** Knowingly presenting a false claim for payment against transit benefits.
- 5.7. **Fare Media:** A ticket, pass, token, or other device, other than cash, used to pay for transportation on a public mass transportation system.
- 5.8. **Jurisdiction Point of Contact:** The delegated program representative responsible for Transportation Benefits Program administration within each AOC jurisdiction.
- 5.9. **Public Mass Transportation:** A mass transit vehicle such as a bus, subway, train or commuter highway vehicle (vanpool).
- 5.10. **Recertification:** The process by which an eligible AOC employee completes a new Transportation Benefits application to confirm their eligibility for continued transit subsidy benefits.
- 5.11. **Smart Benefits:** A web-based program that allows employers to electronically distribute benefits to employees in a secure online environment.
- 5.12. **SmartTrip Card:** A permanent, rechargeable fare card embedded with a special computer chip that tracks fare card value for Metrobus, rail and some commuter buses.
- 5.13. **TRANServe Debit Card:** The TRANServe Debit Card is a Visa branded electronic fare media card provided by the Department of Transportation (DOT) to permit transit employees who commute by MARC, VRE, or other approved transportation modes to receive transit benefits electronically.

6. Responsibilities

6.1. Human Capital Management Division/Employee Benefits and Services Branch

The Human Capital Management Division, Employee Benefits and Services Branch (HCMD/EBSB), is responsible for the overall implementation and administration of AOC's Transportation Benefits Program, including the development of program policy and guidance, program administration, and evaluation. DOT has been contracted to provide transit benefits to eligible AOC employees.

- 6.1.1. Administers the Transit Benefits Program.
- 6.1.2. Enrolls new participants in the Transit Subsidy Program.
- 6.1.3. Establishes and implements best practices with regard to the Transit Subsidy Program.
- 6.1.4. Ensures separated or ineligible employees are withdrawn from the Transit Subsidy Program.
- 6.1.5. Ensures employees are aware of the requirements and limitations of the transit benefit.

- 6.1.6. Conducts annual Transit Subsidy Refresher Training for all jurisdiction points of contact.
- 6.1.7. Safeguards TRANServe Debit Card received from the DOT.
- 6.1.8. Contacts employees to pick up TRANServe Debit Cards and provides instructions on activating the TRANServe Debit Cards.
- 6.1.9. Reviews the DOT's Unclaimed Employees Transit Subsidy Funds report to identify employees who are not using transit benefits and/or those who are claiming a greater commuting cost than actual usage.
- 6.1.10. Contacts employees who have not used the maximum amount requested for three consecutive months to determine if a modification should be made.

6.2. Department of Transportation

- 6.2.1. Maintains a database that identifies all AOC participants based on information provided by HCMD/EBSB.
- 6.2.2. Provides administrative guidance and materials such as billing records, reports, invoices, resource tools and expertise to appropriate management officials and AOC jurisdictions.

6.3. Authorizing Official

- 6.3.1. Ensures proper administration for the program within their jurisdiction.
- 6.3.2. Identifies a jurisdiction point of contact to administer the transit subsidy benefits.
- 6.3.3. Signs Transportation Benefits Program applications authorizing transit subsidy benefits.
- 6.3.4. Reports evidence of fraud, waste or abuse to the AOC Office of the Inspector General in order to ensure program integrity.

6.4. Jurisdiction Point of Contact

- 6.4.1. Collects Transportation Benefits Program Applications (Appendix A) from AOC employees interested in participating in the program.
- 6.4.2. Reviews and verifies Transportation Benefits Program applications for accuracy using the daily trip planner located on the Washington Metropolitan Area Transit Authority's (WMATA) website at www.wmata.com for employees using SmarTrip Benefits.
- 6.4.3. Verifies that employees applying for transit subsidy benefits do not have parking privileges with the appropriate parking office.
- 6.4.4. Completes and signs Transportation Benefits Program applications in the designated area and obtains the signature of the jurisdiction authorizing official.
- 6.4.5. Forwards all Transportation Benefits Program applications to HCMD/EBSB by the **fifth** of the month to be effective the following month.
- 6.4.6. Notifies HCMD/EBSB when an employee obtains a new SmarTrip Card.

- 6.4.7. Participates in mandatory annual Transit Benefits Refresher Training.
- 6.4.8. Ensures that employees return the TRANServe Debit Card upon separating from the AOC. Returned TRANServe Debit Cards should then be forwarded to the Human Capital Management Division/Employee Benefits and Services Branch.

6.5. Employees

- 6.5.1. Complete the Transportation Benefits Program Application, including the worksheet. The worksheet must be completed to receive transit subsidy benefits.
- 6.5.2. Provide supporting documentation of the actual cost for the mode of transportation used.
- 6.5.3. Purchase and register a SmarTrip Card, if appropriate.
- 6.5.4. Purchase commuter tickets by the ninth of the month via the TRANServe Debit Card.
- 6.5.5. Notify the Jurisdiction Point of Contact and submit a new Transportation Benefits Program application, as appropriate, when there is any change in employment status, mode of transportation, commuting cost, or parking privileges.
- 6.5.6. Ensure that SmartTrip or TRANServe Debit Cards are used only for commuting to and/or from work.
- 6.5.7. Ensure that Transit Subsidy Benefits are not used for parking at any Metro station or private facility.
- 6.5.8. Recertify annually, by completing and submitting, a new Transportation Benefits Program application. Notification of recertification periods will be provided by HCMD/EBSB.

7. Procedures

7.1. Procurement

Each fiscal year, HCMD will requisition a blanket purchase order with the Department of Transportation for the purchase of vouchers based on the number of eligible AOC employees.

7.2. Requirements

Participants must use approved public mass transportation at least 50 percent of the month in lieu of a single occupancy vehicle to commute to and/or from work and home. For example, participants should calculate transit costs based on total number of work days per month using mass transportation. Approved public transportation includes, but is not limited to:

Rail – Metrorail

Bus – Metrobus, Dash, Eyre Bus Service, Fairfax Connector, OMNI Ride, Quick's Bus Service and Montgomery County Division of Transit Services

Train – MARC, VRE

Other – WMATA approved Vanpool (Commuter Highway Vehicle)

7.3. Application for Smart Benefits or TRANServe Debit Cards

- 7.3.1. Eligible employees must complete Form 900-1, AOC's Transportation Benefits Program application, and submit it to their Jurisdiction Point of Contact as defined in Section 5 (5.9).
- 7.3.2. Employees will retain a copy of the application and their Jurisdiction Point of Contact sends a copy to HCMD/EBSB taking the original for the office file.
- 7.3.3. The Transportation Benefits applications are received in EBSB, reviewed for completion and signed by the EBSB representative for final processing.
- 7.3.4. A spreadsheet is forwarded to DOT with the employee's name, last four digits of their social security number, jurisdiction, mode of transportation, transit subsidy amount, and SmarTrip card number, if applicable.
- 7.3.5. Spreadsheets are submitted to DOT every Friday and the 10th of each month.
- 7.3.6. DOT forwards an email to EBSB confirming the start date of the employee's transit benefits.
- 7.3.7. The EBSB forwards the email notification to the Jurisdiction Point of Contact of the start date of the employee's transit benefits.
- 7.3.8. Employees riding Metrorail and Metrobus must purchase a SmarTrip Card.

8. References

5 U.S.C., Section 7905

APPENDIX A

AOC Form 900-1, Transportation Benefits Program Application

Transportation Benefits Program Application

Employee Benefits and Services Branch



All applications must be received in Employee Benefits and Services Branch (EBSB) by the 5th of the current month to receive benefits for the following month.

(Date Received in EBSB)

(Signature - EBSB Representative)

Type of Request (print clearly)

☐ New ☐ Recertification ☐ Change _____ ☐ Cancellation _____
(Type) (Date)

Employee Name: _____
(First Name) (Last Name)

Home Address: _____
(Number / Street / Apt. No.)

(City) (State) (Zip)

Work Phone Number: _____ Social Security Number (last four digits): ____ _

Work Schedule: ____ Full-Time ____ Part-Time ____ Telework ____ 5/4/9 ____ 4/10

Jurisdiction Information

Name of Jurisdiction: _____

Eligibility

To be eligible for the Transportation Benefits Program, you must NOT be any of the following:

- Employee receiving parking privileges through the House of Representatives, Senate Parking Programs, or other federal programs.
- Employee participating in a private carpool/vanpool while receiving parking privileges under a federal parking program.
- Individuals paid under the provisions of the Davis-Bacon Act.
- A summer employee, contractor, or temporary employee hired for the congressional moves.
- In addition, the amount of the benefits requested is equal to your actual cost via a qualified transit provider(s) or the maximum amount allowed by the Architect of the Capitol, **whichever is less**.

Commuting Mode of Transportation (check all that apply)

Under AOC Policy 900-3, my total transportation benefit cannot exceed the maximum amount allowed per month. I certify that my mode of public transportation is one/more of the following choices and that commuting expenses are as indicated below:

☐ Metro Rail (SmarTrip) ☐ Metro Bus (SmarTrip) ☐ VRE/Marc Commuter Trains (Credit Card) ☐ Commuter Bus (Credit Card) ☐ WMATA Vanpool (Credit Card)

Actual Monthly Commuting Cost: \$ _____ Smart Trip Card#: _____
(List entire card number)

Employees must purchase and REGISTER their SmarTrip card with WMATA at www.wmata.com or call 1-888-762-7874 before turning in this application.

There will be no access to 3rd party passenger allocations. TRANServe participants will no longer be able to allocate the transit benefit to 3rd party vendors via the Washington Metropolitan Area Transit Authority (WMATA) SmartBenefits Program. *Note: The use of SmartBenefits on Metrobus, Metrorail and local bus systems using the SmarTrip card are excluded.*

Certification (read before signing)

I hereby certify that I am employed by the Architect of the Capitol, I am not an employee who receives parking privileges under the jurisdiction of the House of Representatives, Senate Parking Programs or other federal parking programs; nor an employee who is a member of a private carpool or vanpool receiving parking privileges under the jurisdiction of the House of Representatives, Senate Parking Programs or other federal parking programs; that I am eligible for a fare subsidy for use on participating public transportation systems; that I am obtaining the transit benefit for my regular daily commute to and/or from my home and work; that I will not exchange, give or sell the transit benefit provided under this program; and that the benefit I receive does not exceed my monthly commuting cost by public transportation or an authorized vanpool.

I understand and agree that false certification may result in AOC disciplinary action or criminal sanctions under 18 U.S.C 1001.

X _____
(Applicant Signature) (Date)

To be Completed by Jurisdiction Point of Contact

_____ Employee receives parking benefits and is therefore not eligible to receive transportation benefits.

_____ Employee does not receive parking benefits.

Enter Dollar Amount of the Fare Media Requested: \$ _____

X _____
(Signature of Jurisdiction Point of Contact) (Date)

X _____
(Signature of Jurisdiction Authorizing Official) (Date)

Certification of Transit Benefits to be Completed by EBSB Representative

Transit Subsidy Approved: \$ _____
(Amount)

Transit Subsidy Disapproved: _____
(Reason Disapproved)

X _____ Forwarded to DOT: _____
(Signature of EBSB Representative) (Date)

Transportation Benefits Expense Work Sheet

A New Application is required if you:

- Change your method of commuting
- Have a name change
- Change your home address
- Resume your participation in the subsidy program after a period of non-participation

Application Procedures:

- Obtain an application form (AOC Form 900-1) from your Jurisdiction Point of Contact (JPC).
- Complete employee portion and give form to JPC; JPC signature acknowledges employee is participating in the program.
- The Jurisdiction Point of Contact will review the application, cross check the applicant's name with the list of persons who have parking permits in the parking office, and then take appropriate action on the application.
- Application should be turned in to EBSB by the 5th day of each month to receive benefits for the following month.

Instructions: Calculate your Total Monthly Mass Transit Expenses by the way you pay for your commute. List the mode of mass transportation, and how much it costs you daily or if purchased in monthly passes. Then using the work sheet below, convert all costs to a total monthly amount. You can use the WMATA Trip Planner to calculate your daily commute costs. This work sheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly commuting costs. Please attach documentation supporting the actual cost for the mode of transportation. Remember: Parking fees are not allowed and cannot be included when computing monthly transit costs.

Actual Commuting Costs

Commute to Work	Mode of Transportation	Fare
(Fill in work site address)	Metro Rail	\$
	Metro Bus	\$
	Commuter Train (MARC/VRE)	\$
	Van Pool/Commuter Bus	\$
	Other (Specify)	\$
	Total Cost of Commute to Work	\$
Commute from Work	Mode of Transportation	Fare
(Residence address)	Metro Rail	\$
	Metro Bus	\$
	Commuter Train (MARC/VRE)	\$
	Van Pool/Commuter Bus	\$
	Other (Specify)	\$
	Total Cost of Commute Home	\$
	Total Monthly Cost	\$

If you work 8 hour days, enter 20 in the Workdays per Month. If you work 9 hour days, enter 18 in the Workdays per Month. If you work 10 hour days, enter 16 in the Workdays per Month (Excludes Holidays).

Total Eligible Workdays per Month: _____ x Daily Mass Transportation Fares: _____ = _____
Total From Above

X _____ X _____
 (Employee Signature) (Date) (EBSB Representative Signature) (Date)

Jurisdiction	POC	Number
ARCHITECT OF THE CAPITOL FRONT OFFICE	MORGAN GREEN	202.228.4569
AMMD	DANA JENNINGS	202.226.1939
BOTANIC GARDENS	SUZANNE MEAD MELANIE BOWLIN	202.437.1145 202.226.8676
CAPITOL BUILDING	GABRIELLA MARVIN KELLIE WOODY	202.224.2683 202.228.0151
CAPITOL GROUNDS	SUSAN WHITMAN PIA CACIOPPO	202.224.6645 202.224.9695
CAPITOL POWER PLANT	DAWN KELLY	202.226.2028
CAPITOL VISITOR CENTER	MARTHA LITTLE	202.593.1857
CHIEF ADMINISTRATIVE OFFICE	MELISSA COBY GREG SMITH	202.226.1175 202.228.1191
CFO ACCOUNTING BUDGET FSD/SP	MIGDAL DELGADO PAM STREETER TBD TB	202.226.1579 202.226.1563 TBD TBD
CONSTRUCTION MANAGEMENT DIVISION	ALBERT HARRIS	202.579.8299
COMMUNICATIONS & CONGRESSIONAL RELATIONS	MORGAN GREEN	202.228.4569
CURATOR	JOCELYN TRAVERS VICKI SINGER	202.225.5581 202.228.1222
FLAG OFFICE	JOHN JENIFER	202.228.4690

Jurisdiction	POC	Number
HCMD	ALLY SNYDER GABRIELLE STANTON	202.226-2548
HOUSE OFFICE BUILDINGS/HOB	TERRY RICHARDSON NATASHA OBSORNE	202.225.4142 202.225.4142
INFORMATION TECH DIVISION	TEKIDA YOUNG VALERIE CHANEY	202.226-9096 202.557.4155
OFFICE OF INSPECTOR GENERAL	KRISTY MILLER	202.593.1948
LIBRARY OF CONGRESS/LBG	ERMA TEACHER STEPHANIE JENKINS BARBARA JENKINS	202.227.9018 202.707.5157 202.707.5157
PLANNING & PROJECT MANAGEMENT (PPM/PM/DS)	APRIL DAVIS ERIC BUNDY	202.225.5900 202.225.0527
OFFICE OF CHIEF SECURITY OFFICER	ANGELA EVON	202.226.6219
OFFICE OF GENERAL COUNSEL (GC)	GLORIA GRINDER	202.226.9661
OFFICE OF SAFETY AND CODE COMPLIANCE	YOLANDA CURTIS	202.570.6539
OFFICE OF THE ATTENDING PHYSICIAN/OAP	JANEL THOMPSON MICHAEL TREPPEL	202.225.7993 202.225.7993
SENATE OFFICE BUILDINGS/SOB	JENNY VENTURA TANYA JACKSON SHERON SAMMUEL (NIGHT SHIFT)	202.224.3141 202.224.5876 202.225.4141
SUPREME COURT	KATRINA RANDOLPH	202.479.2352



ORDER 900-3

AOC ORDER 900-3 COMPLIANCE CHECKLIST

QUESTION	YES	NO	N/A
OPR RESPONSIBILITIES			
1. Has the HCMD/EBSB evaluated and provided revisions of the Transit Benefit Program (Program) policy, guidance and/or best practices, when warranted or necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the HCMD/EBSB hold annual Transit Subsidy Refresher training for Jurisdiction POCs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the HCMD/EBSB withdraw separated or ineligible employees from the Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the HCMD/EBSB educate employees of the requirements and limitations of the Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the HCMD/EBSB transmit recertification notices to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the Jurisdiction POC send a completed and signed copy of Form 900-1 "Transportation Benefits Program" application to the HCMD/EBSB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the HCMD/EBSB review and verify information within the application in accordance with this order as set forth immediately below in Jurisdictional Responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Provided the employee is eligible and there are not deficiencies in the application, did the HCMD/EBSB sign the application and transmit to the DOT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the HCMD/EBSB forward a spreadsheet with Program enrollees' names, last four of the social security number, jurisdiction, mode of transportation, transit subsidy amount, and, when applicable, SmarTrip card number to the DOT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the HCMD/EBSB forward the spreadsheet to the DOT every Friday and the 10 th of each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the HCMD/EBSB ensure DOT TRANServe debit cards are safely maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the HCMD/EBSB request a blanket purchase order with DOT for voucher purchases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the HCMD/EBSB receive notification from DOT concerning the start date of the employee's transit benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was the DOT notification of benefits forwarded to the POC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Did the HCMD/EBSB notify the employee to pick-up the TRANServe card and give instructions on its use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Did the DOT provide the HCMD/EBSB with administrative guidance and materials, such as billing records, reports, invoices, resource tools and expertise to the HCMD/EBSB, appropriate management officials, and AOC jurisdictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did the HCMD/EBSB review DOT's information for unclaimed employee Program funds or for those claiming a higher cost than the actual amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Did the HCMD/EBSB notify employees not using the maximum amount requested for 3 consecutive months and determine if a modification is needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JURISDICTIONAL RESPONSIBILITIES			
1. Was a jurisdiction representative identify to authorize the Transit Benefit Program Applications (Authorizing Official)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the Authorizing Official choose a jurisdiction delegate to administer the Transit Benefit Program (Jurisdiction POC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the Jurisdiction POC (POC) complete the mandatory annual Transit Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

refresher training?				
4.	Were separated employees' TRANServe debit cards returned to the POC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Was the employee eligible for the Transportation Benefits Program? (see sections 4, 5.4, and 7.2 of this policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did the employee submit a completed Form 900-1 "Transportation Benefits Program Application", the worksheet, and supporting documentation concerning the actual cost to the POC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did the POC review the application for accuracy using the Washington Metropolitan Area Transit Authority (WMATA) trip planner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did the POC verify the employee does not have parking privileges with the respective parking office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did the Authorizing Official sign the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Did the POC transmit a copy of the completed application HCMD/EBSB by the 5 th of each month in order for it be effective the following month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Did the POC retain the original application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Did the employee keep a copy of the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Did the POC notify HCMD/EBSB that the employee has a new SmartTrip card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Did the Authorizing Official ensure proper administration of the Transportation Benefits Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Did the Authorizing Official reported evidence of fraud, waste, or abuse to the AOC OIG?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE RESPONSIBILITIES				
1.	Was the employee an AOC employee eligible for the Transportation Benefits Program? (see sections 4, 5.4, and 7.2 of this policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did the employee complete Form 900-1 "Transportation Benefits Program Application", along with the worksheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did the employee submit Form 900-1, the worksheet, and supporting documentation of the actual cost to the jurisdiction Transportation Benefits Program representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the employee keep a copy of your application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did the employee purchased and registered a SmartTrip card, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did the employee purchased commuter tickets using the TRANServe debit card by the 9 th of each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did the employee ensured the SmartTrip or TRANServe debit card is used only for commuting to and from work, not parking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	If a change in employment status, mode of transportation, commuting cost or parking privileges occurred, did the employee notify and submit a new Transportation Benefits Application to the jurisdiction representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did the employee complete and return a new Transportation Benefits Program application each year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>For each "No" answer, complete the following table.</i>				
Question #	JUSTIFICATION/RATIONALE	Responsible Person to Contact	Phone	

Comments:	
OPR:	Date: