

DON Transportation Incentive Program (TIP) Transit Benefits Verification Work Sheet**

All DON employees are required to certify their monthly commuting costs by calculating to the nearest dollar for their daily commute to work.

Employees are reminded that parking fees are not eligible transit benefits and should not be included when computing daily, weekly or monthly commuting costs.

Instructions: Calculate your Total Monthly Mass Transit Expenses based on the method (daily, weekly, monthly) that you pay for your commute. List your mode of mass transportation; and how much it costs you. All costs must be computed to a monthly expense.

Mode of Transportation		Daily Expense	Weekly Expense	Total Monthly 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 (MARC, VRE, Metro, other)	Name of Company	\$	\$	\$
Rail from Work (MARC, VRE, Metro, other)	Name of Company	\$	\$	\$
Other Mode to Work	Name of Company	\$	\$	\$
Other Mode from Work	Name of Company	\$	\$	\$
Van Pool	Name of Company			\$

Converting Daily and Weekly Cost to Monthly Cost

40-hour workweek and compressed workweek

8-hour work day conversion			9-hour work day conversion			10-hour work day conversion		
Daily Cost	No. Days Worked x 20	Total Monthly cost \$	Daily Cost \$	No. Days Worked x 18	Total Monthly cost \$	Daily Cost	No. Days Worked x 16	Total Monthly cost \$
Other Work Schedule Conversions (telecommuters, part-time, maxiflex, etc)				Weekly Work Schedule Conversions				
Daily Cost \$	Number of commute days per month x no. days _____	Total Monthly Cost \$	Weekly Cost \$	Number of weeks per month x 4	Total Monthly Cost \$			

Employees are responsible for adjusting their monthly transit benefits by submitting a "Making a Change" Program Application in accordance with their actual work commute each month as needed. **(Transfer this amount to Section III of Program Application)**

Total Monthly Costs: \$

Printed Name of Employee:

Signature of Employee:

Date:

Supervisors are required to verify and approve their employee's eligibility to participate in the program and review the amount of their transit benefit. Supervisors are also responsible for ensuring that employees are aware of the DON Transportation Incentive Program Guidelines prior to signature.

Printed Name of Reviewing Official

Signature of Reviewing Official

Date:

****This form is to be retained by the TIP Installation POC and NOT forwarded with the Program Application to FMO.**