Environmental Management Consolidated Business Center (EMCBC)

Subject: Transit Subsidy Benefit (TSB) Procedure

Policies, Plans and Procedures

APPROVED: **(Signature on File)**
EMCBC Director

1.0 PURPOSE

To establish responsibilities and provide Environmental Management consolidated Business Center (EMCBC) staff with direction and the process for completing a Transit Subsidy Benefit (TSB) profile, Transit Subsidy Benefit (TSB) for EMCBC Public Transportation Program Application or Department of Transportation Application (DOT), and the process for requesting TSB reimbursement:

2.0 SCOPE

The TSB Procedure is to provide EMCBC staff with the process for completing a TSB profile, DOT application, and process for requesting TSB reimbursement.

3.0 APPLICABILITY

3.1 All EMCBC personnel stationed at the EMCBC office located downtown Cincinnati, Ohio.

4.0 REQUIREMENTS

4.1 This is a local procedure established by the EMCBC

5.0 DEFINITIONS-NOT APPLICABLE

6.0 RESPONSIBILIES

6.1 EMCBC Office of Financial Management –Responsible for ensuring that all EMCBC staff utilizing the TSB has a TSB profile and or DOT application on file. Responsible for receiving the TSB reimbursement request, DOT vouchers, distributing the vouchers to staff and submitting the monthly TSB reimbursement request for payment.

6.2 EMCBC Staff—Responsible for submitting a TSB application/profile and or Public TSB for Public Transportation Application in order to receive reimbursement. Responsible for submitting the TSB profile to the TSB coordinator in the Office of Financial Management (FM). Submitting the TSB for Public Transportation Application to the travel coordinator in FM, the Finance and Accounting team. Responsible for submitting monthly TSB reimbursement request by the 8th of each month and updating their profile as needed.

7.0 GENERAL INFORMATION—NOT APPLICABLE

8.0 PROCEDURE

8.1 Employees Utilizing Parking Lots only and a Combination of Parking Lots and Public Transportation

8.1.1 All employees must complete a Transit Subsidy Benefit (TSB) application/profile and or TSB for EMCBC Public Transportation Program Application in order to receive reimbursement. Submit the TSB profile to the TSB coordinator in the Office of Financial Ma**n**agement (FM). Submit the DOT Application to the travel coordinator in FM, the Finance and Accounting team. It is the employee's responsibility to update the profile as needed.

8.1.2 Employees must submit an Electronic Transit Subsidy Benefit **(ETSB)** form request each month to the TSB coordinator. Employees may only receive $105 each month, $315 quarterly, or the actual cost, whichever is less. Your request cannot exceed the authorized benefit ***maximum of $105 per month.*** The employee must maintain receipts supporting all requests for reimbursement with the ***understanding that he/she may be selected for random audit.***

8.1.3 All requests for reimbursement must be received no later than the 8th of each month. Should the 8th fall on a holiday, the cut-off becomes the following workday. Any request received after the 8th of each month will be processed with the next month's requests for reimbursement. However, for funding purposes, all TSB requests for a fiscal year must be submitted no later than October 8th of that fiscal year. Should the 8th fall on a weekend or on a holiday, the cut-off becomes the following workday.

8.1.4 On the ETSB form request select the appropriate month for which you are requesting reimbursement, (e.g. May). Select the correct organization, (e.g. Office of Contracting).

8.1.4.1 If you utilize parking only, enter the amount of your monthly parking expense in the appropriate space provided under the parking only section of the ETSB form.

8.1.4.2 If you utilize parking and public transportation, enter your expenses on the combination reimbursement side of the ETSB form.

8.1.4.3 If you receive a Department of Transportation (DOT) voucher you must enter the amount of your voucher.

8.1.5 Enter your parking expense under the combination reimbursement side use the appropriate space provided if the parking expense is a set amount enter the amount in the monthly parking space provided.

8.1.5.1 If you pay as you go for public transportation and parking enter the cost per day in the appropriate spaces provided bus and parking cost.

8.1.6 The combined request with a DOT voucher and monthly parking can not exceed the authorized benefit ***maximum of $105 or the actual cost, whichever is less***. Please note that if you do ***not*** have receipt(s) and you are selected for random audit, you may be required to repay any unsubstantiated expenses.

8.2 Employees Utilizing Public Transportation

8.2.1 All employees must complete a TSB for EMCBC Public Transportation Program Application in order to receive reimbursement. Submit the DOT application to the Travel Coordinator in the Office Financial Management, Finance and Accounting Team. It is the employee's responsibility to update the profile as needed.

8.2.2 Employees must pick up their DOT vouchers quarterly in person to sign for their own vouchers from the DOT voucher coordinator in the Office of Financial Management, Finance and Accounting Team. The DOT voucher amount cannot exceed the authorized benefit maximum of $105 monthly or $300 quarterly, or the actual cost, whichever is less.

8.2.3 Employees must appear in person to sign for their own voucher. The voucher amount will equal the amount indicated on your application/profile.

8.3 Employees that Ride Share with Other EMCBC Employees

8.3.1 All employees must complete a TSB application/profile in order to receive reimbursement. Submit the TSB profile to the TSB coordinator in the Office of Financial Ma**n**agement (FM). Submit the DOT Application to the travel coordinator in FM, the Finance and Accounting team. It is the employee's responsibility to update the profile as needed.

8.3.2 All requests for reimbursement must be received not later than the 8th of each month. Should the 8th fall on a holiday, the cut-off becomes the following workday. Any request received after the 8th of each month, will be processed with the next months requests for reimbursement. However, for funding purposes, all TSB request for a fiscal year must be submitted no later than October 8th. Should the 8th fall on a weekend or a holiday, the cut-off becomes the following workday.

8.3.3 When two EMCBC employees ride share the maximum amount requested for reimbursement cannot exceed the actual expense incurred. Each request cannot exceed the authorized benefit ***maximum of $105, or the actual cost, whichever is less.*** Please note that if you do ***not*** have receipt(s), if selected for random audit, you may be required to repay any unsubstantiated expenses.

9.0 RECORDS MAINTENANCE

9.1 Records generated as a result of implementing this document are identified as follows:

9.1.1 DOE-EMCBC-002-F1, EMCBC, Transit Subsidy Benefit Program Application/Profile

9.1.2 DOE-EMCBC-002-1-F2, Transit Subsidy Benefit for EMCBC Public Transportation Program Application

10.0 FORMS USED

10.1 Forms used shall be the latest revision unless otherwise stated

10.1.1 DOE-EMCBC-002-F1, EMCBC, Transit Subsidy Benefit Program Application/Profile

10.1.1.1 Form location and name: K:\All Users\Forms, TSB Profile.DOC

10.1.2 DOE-EMCBC-002-1-F2, Transit Subsidy Benefit for EMCBC Public Transportation Program Application

10.1.2.1 Form location and name: K:\All Users\Forms, DOT APP.DOC

11.0 ATTACHMENTS

11.1 Attachment A—DOE -EMCBC-002-F1, EMCBC, Transit Subsidy Benefit Program Application/Profile

11.2 Attachment B—DOE-EMCBC-002-1-F2, Transit Subsidy Benefit for EMCBC Public Transportation Program Application

Attachment A

EM CONSOLIDATED BUSINESS CENTER (EMCBC)
TRANSIT SUBSIDY BENEFIT (TSB) PROGRAM APPLICATION/PROFILE

A. **Applicant Information** (Please Print or Type)

Last Name: _____First Name: _____MI _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Organization: _____ Location: _____

Office Telephone Number: _____ SSN: _____

B. **Modes of Transportation to be used to and from workplace**:

Parking Lot _____ Parking Lot/Bus _____

Other (explain) _____

C. **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 Stated 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 dismissal.

I certify that I am employed by the Dept. of Energy (EMCBC) and am not named on a Federally subsidized workplace parking permit with the Dept. of Energy (EMCBC) or any other Federal agency.

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

I certify that the 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 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: $_____

Employee Signature: _____Date: _____

D. **Approval:**

Approving Official

Name: _____ Title: _____

Signature: _____ Date: _____

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 to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with the Energy (EMCBC)-Reg or any other Federal agency.

Attachment B

TRANSIT SUBSIDY BENEFIT (TSB) FOR (EMCBC) PUBLIC TRANSPORTATION PROGRAM APPLICATION

A. **Applicant Information** (Please Print or Type)

Last Name: _____First Name: _____MI _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Organization: _____ Location: _____

Office Telephone Number: _____ Last 4 Digits of Your SSN: _____

B. **Modes of Transportation to be used to and from workplace**:

Bus_____ Light Rail _____ Subway _____ Train _____

Ferry _____ Authorized Vanpool _____Other (explain) _____

C. **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 Stated 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 dismissal.

I certify that I am employed by the Energy (EMCBC)-Reg and am not named on a Federally subsidized workplace parking permit with the Energy (EMCBC)-Reg 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 from work, and will not transfer it to anyone else.

I certify that the 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 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: $_____

Employee Signature: _____Date: _____

D. **Approval:**

Approving Official

Name: _____ Title: _____

Signature: _____ Date: _____

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 to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with the Energy (EMCBC)-Reg or any other Federal agency.

Word: DOT APP.