



Parking and Transportation

1014 Student Union II, MS 1J6, Fairfax, Virginia 22030
Phone: 703-993-9530; Fax: 703-993-8575

Commonwealth Commuter Choice Employee Enrollment Form

Employee Name		G#	
<i>SmarTrip</i> ® Card Number			

I hereby enroll for a monthly transportation fringe benefit from the Commonwealth of Virginia under the *Commonwealth Commuter Choice* program. I hereby request a monthly amount of transportation fringe benefit, paid for by my employer, the Commonwealth of Virginia, valued at \$_____ per month in *Metrochek*®, *SmarTrip*® *Commuter Bonus Bucks*, *Commuter Checks* vouchers, or other transit or vanpool vouchers, passes, tokens, tickets, fare cards, or other authorized transportation benefit media.

I understand that I must request reimbursement by the 12th of each month in order to receive *Metrochek*®, *SmarTrip*®, *Commuter Bonus Bucks*, *Commuter Checks* vouchers, or other transit or vanpool vouchers, passes, tokens, tickets, fare cards, or other authorized transportation benefit media for the subsequent month.

I understand that *Metrochek* benefits used for Metrorail and Metrobus will be transferred to *SmarTrip*® cards. As other transportation vendors become operational on *SmarTrip*®, I further understand that all *Metrochek*® benefits will be transferred to *SmarTrip*® cards.

I hereby certify that I will be using this benefit exclusively for **my own** regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person.

I further certify that the monthly benefit that I will be receiving does not exceed my average monthly commuting costs by public transportation or eligible vanpool, excluding any parking costs, based on the average number of workdays I commute in the average month. I agree that if my commuting costs change and the monthly benefit I receive exceeds my average monthly commuting costs for two or more consecutive months, I will notify my agency so that my monthly benefit can be adjusted appropriately. I also understand that if I am not receiving the maximum allowable benefit and my commuting costs increase, I can request an increase in my benefit under the *Commonwealth Commuter Choice* program.

I further certify that I am not presently receiving any benefit under the *Commonwealth Commuter Choice* program or any other similar transportation fringe benefit from any other agency, department, or division of the Commonwealth of Virginia, unless that is disclosed at the bottom of this form. I will notify this agency immediately in the event that I receive any such benefit from another state agency, department, or division during my employment with this agency.

I understand and agree that providing false information on this application is a serious matter that could result in disciplinary action being taken by my agency or the Commonwealth of Virginia, up to and including dismissal from my employment, and may subject me to criminal prosecution under state or federal law.

Signature	Date

Other state agencies from which I am receiving transportation fringe benefits, excluding parking benefits, and the amount: