



Parking and Transportation

Nottoway Annex, MS 1J6, Fairfax, Virginia 22030
Phone: 703-993-2828; Fax: 703-993-8575

Commonwealth Commuter Choice Employee Enrollment Form

Employee Name		G#	
SmarTrip® Card Number		Email Address:	
Office Phone Number			

I hereby enroll for a monthly transportation fringe benefit, not to exceed the amount of **\$130 per month**, from the Commonwealth of Virginia under the *Commonwealth Commuter Choice* program. I certify that I am a full time state employee at George Mason University and that I am eligible for a public transportation fare benefit.

I understand that I must **request the benefit by the 12th of each month** in order to receive *Smart Trip Benefits* or *Smart Benefit Vouchers* for the subsequent month.

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: