

City of Alexandria Employee Transportation Benefits Program

To reduce traffic congestion and parking demand, and encourage the use of public transportation, ridesharing, walking, and bicycling, the City of Alexandria provides eligible employees financial assistance toward the cost of public transit and qualified vanpool fares. Employees who do not drive alone to work often save money and time, and enjoy a much more relaxing commute.

Monthly benefit amount offered by City:	\$100.00 (school employees - \$45.00)
Optional pre-tax monthly amount provided by employee:	\$160.00 (not available for school employees)
Total monthly benefit cannot exceed:	\$260.00 (school employees - \$45.00)

ELIGIBILITY REQUIREMENTS

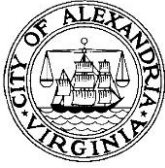
To receive the City's transportation benefit, employees must meet all the following requirements:

- Must be a **permanent** employee of the City of Alexandria.
 - Full-time or part-time with benefits.
 - Paycheck must be from the City of Alexandria payroll account.
- Employees must commute to and from work via transit or a qualified vanpool a **minimum of three days per week**.
- Employees **must give up any free or discounted employee parking** (except eligible employees parking at Union Station).

RESTRICTIONS

- Transportation benefits are for the **sole use of the employee for the commute to and from work**. Transit passes received or purchased through the transportation benefits program are **not** to be given, sold, or transferred to another individual.
- Employees may **not** accumulate transportation benefits while on vacation or leave (e.g., school employees off for the summer are not eligible to receive the benefit until they return to work).
- Employees are **not** eligible to receive a greater transit benefit than is needed for their monthly commute.

Save time, money, and sanity when you take advantage of the City of Alexandria's Employee Transportation Benefit! Contact our office to learn more or complete the application today!



City of Alexandria
Employee Transportation Benefits Program
Application

Please complete the following and forward to the Office of Transit Services, interoffice mailbox #70

Section I – General Information

PLEASE PRINT

Name: _____
Last First Middle Employee I.D. Number

Home Address: _____
Number Street Apartment
_____ City State Zip Code

Work Department/Division: _____

Work Address: _____
Number Street Room

Home Phone Number: () _____ Work Phone Number: () _____

E-mail Address: _____ Interoffice Mailbox Number: _____

Name and Title of Supervisor: _____

Please check the appropriate answers:

- | | Yes | No |
|---|-------|-------|
| 1. As an employee of the City of Alexandria, is your status either permanent, full-time or benefited part-time? | _____ | _____ |
| 2. Do you receive a paycheck from the City of Alexandria? | _____ | _____ |
| 3. Will you be using public transportation or a qualified vanpool to commute to and from work a minimum of three times per week? | _____ | _____ |
| 4. Please indicate which mode(s) of transportation for which you will use your transportation benefit (if you would like assistance planning your commute and calculating the cost, please contact our office): | | |

_____ Metrorail – station origin and destination _____

_____ Metrobus – route(s) _____ DASH – route(s) _____

_____ Fairfax Connector – route(s) _____ VRE – station of origin _____

_____ MARC – station of origin _____ Other – route(s)/stations _____

_____ Vanpool – Name and phone number of coordinator _____



Section II – Must Be Completed by Supervisor

PLEASE PRINT

Supervisor's Name: _____

Is the employee listed on this application a permanent, full-time or benefited part-time employee of the City of Alexandria? YES NO

For school employees, please list the dates that the employee will not be at work due vacations (e.g., holiday, spring, and summer breaks): _____

The employee listed on this application is:

- Regularly scheduled to work _____ hours per week.
- Regularly scheduled hours are _____ a.m./p.m. to _____ a.m./p.m.
- Regularly scheduled to work MON TUE WED THU FRI SAT SUN

By signing below, I understand that the employee is applying to receive transportation benefits from the City of Alexandria and will use the benefit for commuting to and from work. If I discover that this employee is not using the benefit for the purpose for which it is intended, I will notify the Office of Transit Services and Programs.

Supervisor's Signature

Date

Section III - Transportation Benefits Pre-tax Payroll Deduction Request

You are only required to fill out this form if you are requesting a pre-tax payroll deduction. (The pre-tax option is not available to School employees currently.)

The City of Alexandria allows staff to set aside up to \$160.00, pre-tax, to use toward commuting costs. The City requires that an employee wishing to initiate a pre-tax payroll deduction sign in acknowledgement of the following statement. The amount of the City-provided direct benefit plus the additional pre-tax amount *must not exceed your monthly commuting cost or \$260.00.*

Employee Authorization

I hereby authorize the City of Alexandria to reduce my salary monthly by the amount indicated below for my commuting expenses. By signing and submitting this election form, I am making a binding commitment. I may modify my election should I move or change commuting modes by completing another form.

Printed Employee Name _____

Employee Signature _____ **Date** _____

Monthly Pre-tax Amount this amount is in addition to the \$100 that the City Contributes (not to exceed \$160) \$ _____

Section IV – Certification

I hereby certify that I am a full-time or benefited part-time, permanent employee of the City of Alexandria. I further certify that I will use the transportation service(s) I have indicated on this application to commute to and from work at least three (3) days per week. Passes, vouchers, or SmartBenefits received under the Transportation Benefits Program will be used only for my transportation to and from work. I will not give, sell, or transfer my benefit to anyone. I understand that if I have provided false information or misuse this program, I will be ineligible to receive future transportation benefits, will be required to refund the benefits I have received, and may be subject to disciplinary action.

Signature _____
Date

Thank you and happy commuting!

FOR OFFICE USE ONLY

Reviewed by _____ Date reviewed _____
 Approved _____ denied _____ Reason for denial _____
 Benefit amount \$ _____ Pre-tax amount \$ _____ Total amount \$ _____
 Type of benefit _____ SmartBenefits _____ DASH _____
 Date processed _____ Date employee notified _____
 Additional comments _____