



Transportation & Environmental Services

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 ACPS 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 qualified vanpool, **a minimum of three days per week**.
- Employees **must surrender 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 by taking advantage of the
City of Alexandria's Employee Transportation Benefits Program!
Contact Mobility Services to learn more or to complete the application today!**



Transportation & Environmental Services

EMPLOYEE TRANSPORTATION BENEFITS PROGRAM APPLICATION

Please complete the application and send to the Office of Mobility Services at Box #47.

SECTION I – GENERAL INFORMATION (please print)

Last Name	First Name	Middle Initial	Employee ID #
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House Number	Street	Apartment
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City	State	Zip
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Home Phone Number: _____ Work Phone Number: _____

Department / Division: _____

Work Address: _____

Number	Street	Room
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Email Address: _____ Box #: _____

Supervisor's Name and Title: _____

Complete the following:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. As an employee of the City of Alexandria, is your status either permanent, full-time or benefited part time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you receive a paycheck from the City of Alexandria? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you use public transportation or qualified vanpool to commute to and from work for a minimum of three times per week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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, contact the Office of Mobility Services: | | |

Metrorail – Station origin and destination: _____

Metro – 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: _____

EMPLOYEE TRANSPORTATION BENEFITS PROGRAM APPLICATION, CONT'D.

5. Monthly cost to use public transportation/vanpool?: \$ _____

*** If your transportation cost is more than \$100.00 per month, please see Section III, Transportation Benefits Pre-tax Payroll Deduction Request, not available to ACPS employees.**

6. SmartBenefits – Employees using the transportation benefit for Metrorail, Metrobus, VRE, DASH (in some instances), and/or qualified Vanpool MUST have a SmarTrip card registered in his/her name to receive the monthly benefit. *Please note, once the card is registered, it will take up to 24 hours to show up as registered in the Commuter Benefits Program, please keep this in mind when considering cut off dates.

Visit wmata.com to register your SmarTrip Card, and provide the registered card number:

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Please submit the completed application, with your registered SmarTrip card number, to the Office of Mobility Services before the 15th of the month to receive your Smartbenefits by the 1st of the following month. Fax the completed application to 703.746.6433 or send to Box #70. Once the application is received, it will be entered into the SmartBenefits database.

For those who will be using the benefit for the VRE or qualified vanpools before the 20th of the month, a SmartBenefits account must be established at <https://www.smartrip.com/sbftp/vplpat.login> to allocate the monthly benefit to CommuterDirect.com for mail delivery, or call Commuter Direct at 703.228.7433.

Once the account is set up, VRE riders must go to <https://www.commuterpage.com> and create an account with Commuter Direct to receive a monthly ticket, a five-day pass, a ten-trip ticket or step up fare for Amtrak trains via U.S. mail. If you have any questions or concerns with the account set up, please contact the Office of Mobility Services.

SECTION II – Must be Completed by Supervisor

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 this employee is not using the benefit for the purpose for which it is intended, I will notify the Office of Mobility Services and Programs.

Supervisor’s Signature

Date

EMPLOYEE TRANSPORTATION BENEFITS PROGRAM APPLICATION, CONT'D.

SECTION III – Transportation Benefits Pre-tax Payroll Deduction Request

Complete this form if requesting a pre-tax payroll deduction. (The pre-tax option is not available to ACPS employees.)

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.

Employee Signature _____ Date: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date Reviewed _____

Approved _____ Denied _____ Reason for Denial _____

Benefit Amount: \$ _____ Pre-tax Amount: \$ _____ Total Amount: \$ _____

Benefit Type: _____ SmartBenefits _____ DASH

Date Processed: _____

Additional Comments: _____