

NIH TRANSHARE PROGRAM COMMUTING COST DECLARATION

<http://www.ors.od.nih.gov/pes/dats/transportation/Pages/transhare>

It is required that NIH Transhare Program participants calculate their monthly transit commuting costs to the nearest dollar. This worksheet must be completed and submitted in order to receive benefits.

Provide your monthly commuting transit expenses below. List each mode of transportation and how much it costs. It is possible that you will have a combination of daily, weekly, and/or monthly expenses included in your total.

Parking fees cannot be included when calculating your commuting costs. If you are a person with a disability, a senior citizen, or anyone else receiving reduced rates you must provide the reduced rates below. If your scheduled number of hours in the office changes or if you go on extended leave, contact the NIH Transhare Program office.

SECTION III DOCUMENT YOUR DAILY AND MONTHLY COSTS

Each mode should only have a daily cost associated with it. Only fill one column per row and convert your daily costs to monthly costs.

TRANSIT MODES OF TRANSPORTATION	STARTING STATION / ROUTE & ZONE	ONE - WAY COSTS	CHECK THE BOX WHICH BEST INDICATES YOUR WORK/TRAVEL DAYS
<input type="checkbox"/> BUS TO WORK (Metrolink, etc.)		\$	<input type="checkbox"/> 8 hour work day (20 work/travel days per month)
<input type="checkbox"/> BUS FROM WORK (Metrolink, etc.)		\$	
<input type="checkbox"/> EXPRESS/COMMUTER BUS TO WORK (VIA, etc.)		\$	<input type="checkbox"/> 9 hour work day (AWS) (18 work/travel days per month)
<input type="checkbox"/> EXPRESS/COMMUTER BUS FROM WORK (MTA, etc.)		\$	
<input type="checkbox"/> SUBWAY TO WORK (MetroRail, Light Rail)		\$	<input type="checkbox"/> 10 hour work day (AWS) (16 work/travel days per month)
<input type="checkbox"/> SUBWAY FROM WORK (MetroRail, Light Rail)		\$	
<input type="checkbox"/> RAIL TO WORK (MARC & VRE Trains)		\$	<input type="checkbox"/> Telework (AWS) (____ travel days per month)
<input type="checkbox"/> RAIL FROM WORK (MARC & VRE Trains)		\$	
<input type="checkbox"/> OTHER	LIST MODE TO WORK	\$	<input type="checkbox"/> Part-time (____ travel days per month)
	LIST MODE FROM WORK	\$	
TOTAL DAILY COST		\$	
<input type="checkbox"/> VANPOOL (MONTHLY AMOUNT)		\$	

SECTION IV COPY BELOW YOUR WORK/TRAVEL DAYS

To determine your **total monthly benefit**, please multiply your **total daily cost** by **travel days**.

TOTAL DAILY COSTS	x	WORK/TRAVEL DAYS (per month)	=	TOTAL MONTHLY BENEFIT
[]		[]		[]

TOTAL MONTHLY TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR. PLACE THIS AMOUNT ON PAGE 1, BOX 5

I CERTIFY this information to be true. I agree to notify the NIH ETSO/Parking Office if there are any changes in my commuter benefits by completing the "NIH Transhare Program Application" and checking the "Change in Benefit Amount Box". As an NIH Transhare Program participant, I will be notified yearly to recertify commuter subsidy NIH Transhare benefits. The NIH Transhare Program Application will be used and the "Annual Certification" box will be checked. Failure to adhere to these regulations and those in the NIH Policy Manual will result in the suspension or revocation of the NIH Transhare Benefits.

PRINT YOUR NAME:

SIGNATURE: