Effective Date 1 October 2010

Print Form

ARMY MASS TRANSPORTATION BENEFIT PROGRAM
Outside the National Capital Region
Application Form

Please check one:

☐ **New Enrollment** ☐ **Change Request (what change?)**

☐ **Re-Enrolling** ☐ **Withdrawing (effective date)**

I. Applicant Information:

Last Name: **First Name:** **MI:** **Last Four SSN:**

Residence City: **Residence State:** **Residence 9-digit ZIP Code:**

Organization/Command: Naval Postgraduate School **Installation/Activity:**

Duty Location (city, state, 9-digit ZIP code): 1 University Circle, Monterey, CA 93943

Office Telephone (include area code): **E-mail Address:**

Supervisor Name, Location, Office Telephone (include area code):

Employment type (please check only one):

☐ **Army Active Duty Officer** ☐ **Army National Guard Active Duty Officer** ☐ **Army Reserve Active Duty Officer**

☐ **Army Active Duty Enlisted** ☐ **Army National Guard Active Duty Enlisted** ☐ **Army Reserve Active Duty Enlisted**

☐ **Army Civilian Employee** ☐ **Army National Guard Civilian/Mil Tech Employee** ☐ **Army Reserve Civilian Employee**

☐ **Army Nonappropriated Fund Employee - Please provide 9-digit Standard NAFI Number:**

II. Applicant Certification: Please read and initial each item.

	I certify that I understand that I am employed by the U.S. Department of the Army as a military member, civilian employee or non-appropriated fund employee. My claim for benefits is as a Federal employee or military service member, and not as a contract employee.
	I certify that I understand that I am eligible for a public transportation fare benefit, will only use it for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
	I certify that I understand that the mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.
	I certify that I understand that the monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
	I certify that I understand that I will not include parking costs, tolls, or the cost of "holding" a space in a vanpool when calculating and claiming my monthly commuting costs.
	I certify that I understand that I will adjust the amount received based upon extended absence (e.g. leave, TDY or deployment).
	I certify that I understand that I will notify my local MTBP Program Manager of any changes in my status, e.g. name change, home or work address, change in commuting pattern or cost, or change in duty location or employing organization, even if within the Army.
	I certify that I understand that upon separation from the MTPB, I will return unused fare media to my local MTBP Program Manager. If I have used the fare media for other purposes or converted the fare media to another form of media, I will reimburse the Army by check or money order payable to the U.S. Treasury.

III. Mass Transportation Benefit Calculation:

Mass Transportation system(s) or company(s) you intend to use: Monterey-Salinas Transit (MST)

Specific type(s) of fare media you require: Bus Passes

Type of benefit requested (check one): ☒ **DOT-issued fare media** ☐ **SF 1164 reimbursement - If SF 1164, please complete Part III.**

Describe your commute from home to work and back. See example on the Instruction page.

A. Your Work Schedule: Enter the NUMBER OF WORKDAYS PER MONTH:
If you work 8 hour workdays, 40 hours per week - enter 21
If you work 9 hour compressed workdays, 40 hours per week - enter 19
If you work10 hour compressed workdays, 40 hours per week - enter 17
If you work another schedule - enter the number of days you work per month

A. NUMBER OF WORKDAYS PER MONTH:

B. Do you work at home some days?
If YES, enter the number of days per month you work at home
If NO, enter Zero

B. WORKING FROM HOME: xxxxxxxxx

C. Do you work at a Telecommuting location some days?
If YES, and if you DO NOT use public transportation to get there, enter the number of days per month
If YES, but you DO use public transportation to get there, enter Zero
If NO, enter Zero

C. WORKING AT TELECOMMUTING SITE: xxxxxxxxx

TOTAL COMMUTING DAYS (A - B - C): xxxxxxxxx

Enter DAILY commuting cost (use if you pay a daily fare) xxxxxxxxxxxxxxxx

D. Monthly Commuting Cost (Daily Cost x Total Commuting Days) xxxxxxxxxxxxxxxx

Enter WEEKLY commuting cost (use only if weekly pass/voucher is available) xxxxxxxxxxxxxxxx

E. Monthly Commuting Cost (weekly cost x 4) xxxxxxxxxxxxxxxx

F. Enter MONTHLY commuting cost (use only if monthly pass/voucher is available) xxxxxxxxxxxxxxxx

Enter the lesser of D, E, or F. THIS IS YOUR CLAIMED COMMUTING COST. xxxxxxxxxxxxxxxx

As of 1 January 2010, the maximum benefit amount available to Federal employees for actual commuting costs is $230 per month ($2,760 per year).

IV. Funding Information (SF 1164 users only):

Please provide the accounting classification that funds your salary: xxxxxxxxxxxxxxx

ARMY MASS TRANSPORTATION BENEFIT PROGRAM
OUTSIDE THE NATIONAL CAPITAL REGION
APPLICATION FORM
INSTRUCTIONS FOR COMPLETION

Privacy Act Statement: Information on the MTBP application is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary; however, failure to do so may result in disapproval or postponement of an applicant's request for the MTBP benefit. The purpose of this information is to facilitate timely processing of your application, to ensure your eligibility, and to prevent misuse of funds involved.
This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious or fraudulent certification may render the maker subject to criminal, civil, or administrative action. Substantial violations of any of these certifications may impact an employee's security clearance status. Information provided on this form may be audited.

This Is a fillable PDF form. To complete the form, click on each block and type in the required information. Note that in Part II, you must manually initial each block. Also, in Part V, the applicant signature, supervisor signature, and POC signature must be completed manually. You may also print out the blank form and print or type the information manually. Incomplete or illegible forms will not be accepted.

The MTBP application form is used for four types of participant transactions. Check the applicable block:

New Enrollment. New enrollments are first-time applicants. Applicants who are enrolling at a new duty location, but were participating in the program at their previous location, also defined as new enrollments. You must formally withdraw from the program at your old location and submit a “new enrollment” application at your new location.

Re-enrollment. Re-enrollments are program participants who have withdrawn, or have been suspended or terminated, and are applying to renew their participation at their current location.

Change request. Change requests include changes to the amount claimed for reimbursement, type of mass transportation, type of fare media requested, or personal information, e.g. name change or change to military status (Active/Reserve). Use the drop-down on the form to identify the type of change requested.

Withdrawal. Withdrawals are participants who are formally terminating their participation in the program. Circumstances for withdrawal may include change of duty location, retirement, separation, or dismissal. Withdrawal also refers to actions taken by the local POC to suspend or terminate a participant's receipt of fare media. Reasons for suspension or termination may include extended absence (e.g. long-term TDY, sick leave, deployment) or disciplinary action for non-compliance with program requirements. If you are withdrawing, enter the effective date of your withdrawal.

Part I. Applicant Information. Complete all information, including your full name, last 4 of SSN, and residence information.

Organization/Command: Enter the organization that pays your salary.

Installation Activity and Duty Location: Enter the name and location of the installation where you work.

Supervisor Information: Provide all required information. Your supervisor will be contacted to verify your employment. If you are detailed to a long-term special assignment (e.g. educational or training with industry), enter the name of your Army supervisor, unit commander or human resources/ personnel office that can verify your Army employment status. Note also that your supervisor's signature is required in Part V.

Employment Type: Check only one of the selections:

Military members: Active Duty Army military members, and members of the Army National Guard or Army Reserve currently serving on active duty, will check the appropriate block for your component and status. Members of the Guard or Reserve who are not currently serving on active duty and are not Army civilian employees are not eligible to receive the mass transportation benefit.

Civilian employees: Check the appropriate block for your employing activity/component. For example, if you are a civilian working for the Army Reserve, check that block. Army civilian employees who serve in the Guard or Reserve, but are not currently on active duty, are eligible for the program in their civilian status.

NAF employees: Enter the 9-digit Standard NAFI Number (SNN) number for your location. This information may be obtained from the Garrison Director of Morale, Welfare, and Recreation (MWR) Programs or the senior MWR agency official.

Part II, Applicant Certification. Read and initial each item, certifying that you have read and understood the statements.

Part III, Mass Transportation Benefit Calculation.

Identify the mass transportation system/company and specific type of fare media (e.g. passes, tokens) you intend to use. Select the type of reimbursement requested, either receipt of fare media, or reimbursement using SF 1164. Note that the SF 1164 process will only be used in those locations where DOT does not provide fare media.

Describe your daily commute to and from work. Example: ”I drive my POV to the XYZ train station. At the XYZ train station I catch the ABC train and ride it to the LMN stop. At the LMN stop I get off the train and board the #25 Bus. I ride the #25 bus to the corner of Main and Oak streets. I get off the bus there and walk one block to my office.”

Enter the number of days per month that you commute, using the instructions on the form.

Enter your daily, weekly, and monthly commuting cost, as applicable. Note that weekly and monthly costs should only be entered if a weekly/monthly pass is available. Calculate your monthly commuting costs using the instructions on the form. The lower of your daily, weekly or monthly cost is the amount you may claim as your commuting cost for purposes of the mass transportation benefit.

Part IV, Funding Information. Use this section only if you will use the SF 1164 method of reimbursement. The Mass Transportation Benefit is a personnel benefit which must be funded from the same appropriation/WCF Activity Group/NAF Component that finances your salary. You must provide the accounting classification that pays your salary. Contact your Payroll/Timekeeper POC or Resource Management/ Comptroller Office POC to obtain the correct information. Specific codes must be included in the accounting classification to identify the cost as the Mass Transportation benefit.

The Management Decision Package (MDEP) code is a four-character code used to identify the Mass Transportation benefit. Use “VMTS” for all civilian applicants; “PAOT” for active duty military applicants; or “PRAG” for RC applicants who are currently serving on active duty.

The Element of Resource (EOR) code is a separate four-character code used to identify the expense as the Mass Transportation benefit in the payroll accounts.

- For all military members (AC and RC), use “1220”.
- For full-time, permanent civilians, use “12JB”.
- For full-time temp civilians, use “15JB”.
- For part-time and intermittent civilians, use “17JB”.
- For NAF applicants, enter the SNN that funds your salary. This code must be coordinated through the garrison Financial Management Division (FMD) and garrison NAF Financial Services (NFS).

Part V, Signature and Review. Sign and date the application form, have your supervisor sign and date it, and submit it to your local MTBP POC. The POC will review the form and sign and date it to certify that all required information has been provided.