

# Commuter Worksheet

Use this worksheet to help you determine how much it costs per month to commute using public transit or vanpool.

1. Round trip public transit fare/day \_\_\_\_\_
2. Number of days per month you commute on public transit\* \_\_\_\_\_ days

Multiply line 1 times line 2 to get your monthly public transit commuter costs.

Monthly public transit commute costs = \_\_\_\_\_

\*Remember to include only work days that you commute using public transit and not days that you normally drive to work or days off (i.e. Saturdays and Sundays). For example, if you commute 5 days a week for one month your number would be 20 days.

# **Commonwealth Commuter Choice Employee Enrollment & Yearly Certification Form**

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(Employee's Name)

(PID number)

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**SmarTrip Card Number – (Card Must be Registered)**

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(Email address)

(Phone number)

I hereby enroll and acknowledge that I will receive a monthly transportation fringe benefit from Virginia Tech under the *Commonwealth Commuter Choice (CCC)* program. I hereby request a monthly amount of transportation fringe benefit, paid for by my employer, Virginia Tech, valued at \$\_\_\_\_\_ **per month** (not to exceed \$300) which will be provided to me in the form of *SmarTrip Benefits* until my termination or I am no longer eligible for them for my daily commute. **It will be my responsibility to purchase and register my SmarTrip card with WMATA.**

I hereby certify that I will be using this benefit exclusively for my regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, assign, 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, 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 exceed my average monthly commuting costs for two or more consecutive months, I will notify Virginia Tech so that my monthly benefit can be adjusted appropriately. I agree to claim my monthly SmarTrip benefit with the SmarTrip card. I agree to notify Virginia Tech if I replace my SmarTrip card. 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. Any adjustments of benefits must be made by the 5<sup>th</sup> of the month. **I also understand that I will notify the CCC program administrator immediately when I plan to depart from employment at Virginia Tech. The undersigned hereby agrees that in the event Virginia Tech must resort to collection activity, the undersigned shall be responsible for payment of attorney's fees and/or collection costs. A judgment by a court shall carry interest at a rate of 6% or the statutory rate for civil judgments as set forth in the code of Virginia, whichever is higher.**

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 Virginia Tech's CCC program coordinator 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 false information in this application may result in disciplinary action taken by Virginia Tech 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Employee)

Other state agencies from which I am receiving transportation fringe benefits, excluding parking benefits, and the amount:

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**YOUR ENROLLMENT FORM MUST BE RECEIVED BY THE FIFTH OF THE MONTH TO RECEIVE  
SMART TRIP BENEFITS FOR THE SUBSEQUENT MONTH.**

Return form to: Teresa Simmons [steresa@vt.edu](mailto:steresa@vt.edu) (571) 447-8781

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