

APPLICANT'S GUIDE



[HOME](#)

[DOT EMPLOYEE](#)

[OTHER FEDERAL EMPLOYEES](#)



News

- [Bicycle Parking Application](#) 
- [Bicycle Benefit Policy](#) 
- [DOT Headquarters Parking Facility Recertification](#)
- [Pay.gov Directions](#)
- [Draft Amendment to Section 8 of the Parking Policy](#)
- [Notice to Customers Presenting Checks](#)
- [Daily/Monthly Parking Directions](#) 
- [How to Register Your SmarTrip Card](#)
- [Broadcast Message – Requirements and Expectations](#)

Frequently Used Links

[Web Policies & Notices](#) | [Accessibility](#) | [Privacy Policy](#) | [No Fear Act](#)

◆ Log on to <http://transerve.dot.gov>

HOME

DOT EMPLOYEE

OTHER FEDERAL EMPLOYEES



ABOUT TRANSERVE

BEST PRACTICES

**FINDINGS, AUDITS &
RECOMMENDATIONS**

FORMS

**FREQUENTLY ASKED
QUESTIONS (FAQs)**

POC DESK GUIDE

POLICY

**REGULATIONS &
LEGAL INFORMATION**

SMART BENEFITS

TRAINING

TRANSIT LINKS

PARKING TRANSIT OFFICE

CONTACT US

News

- [Bicycle Parking Application](#)
- [Bicycle Benefit Policy](#)
- [DOT Headquarters Parking Facility Recertification](#)
- [Pay.gov Directions](#)
- [Draft Amendment to Section 8 of the Parking Policy](#)
- [Notice to Customers Presenting Checks](#)
- [Daily/Monthly Parking Directions](#) 
- [Broadcast Message – Requirements and Expectations](#)
- [Broadcast Message – Smart Benefits](#)

◆ Click on the “DOT Employee” tab



ABOUT TRANSERVE

BEST PRACTICES

FINDINGS, AUDITS & RECOMMENDATIONS

FORMS

FREQUENTLY ASKED QUESTIONS (FAQs)

POC DESK GUIDE

POLICY

REGULATIONS & LEGAL INFORMATION

SMART BENEFITS

TRAINING

TRANSIT LINKS

CONTACT US

Forms

[Transit Benefit Integrity Awareness Training \(eLMS\)](#)

[Transit Benefit Application and Worksheet](#)

[Partnership Agreement](#) 

[DOT Applicant Guide](#) 



[Web Policies & Notices](#) | [Accessibility](#) | [Privacy Policy](#) | [No Fear Act](#)

- ◆ Click on “Forms”
- ◆ Click on “Transit Benefit Integrity Awareness Training” link

CLICKING ON “TRANSIT BENEFIT INTEGRITY AWARENESS TRAINING” LINK WILL TAKE YOU TO THE eLMS WEBSITE.



Welcome to DOT eLMS

eLMS Help Desk: eLMSHelp@dot.gov
405-954-4568 (6AM | 6PM CT)

eLMS is DOT's learning management system. Using this training system, employees can take online courses, register for training, and view their training history.

eLMS Resources

- [How-To documents for Employees, Supervisors & Admins \(short, simple, easy steps\)](#)
- [eLMS Quick Access flyer](#)
- [Tips to Reduce Technical Problems with Online Courses](#)
- [Section 508 Access for Online Courses](#)
- [eLearning Resources Website](#)
- [eLMS Rules of Behavior](#)

Special eLMS Notifications

There are no notifications at this time.

[Click here to go to login for Employees and Supervisors](#)



[Click here to go to login for Administrators](#)

Forgot your eLMS Login ID or Password? Click the Login button above to find instructions on how to get your Login ID and/or Password.

*****WARNING*****

This is an official US Government System for authorized use only. This system may be monitored to protect against unauthorized use. Attempts to circumvent security, use the system for unauthorized purposes, or interfere with the system, its data, or operation is prohibited. Unauthorized acts may result in criminal prosecution under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act of 1996. Use of this system constitutes consent to monitoring.

◆ Click on “**Click here to go to login for Employees and Supervisors**”

Welcome

The DOT eLMS is a robust learning management system that:

- Is DOT's official system of record for employee training.
- Tracks your personal learning needs and history.
- Provides you with a comprehensive catalog of learning events and schedules.
- Is a central point to register for training events and launch online courses.
- Provides a map of your Learning Plan, Curriculum status, and more.
- Provides support for your career development.

****WARNING****

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DOT Privacy Policy

[Click here](#) for the DOT Privacy Policy

Learning Resources Page

[Click here](#) for useful eLearning information.

USER ID

PASSWORD

Login

What if I forgot my password?

[Click here](#) to enter your User ID and have your password emailed to your government email account.

Security Question:

To have your password e-mailed, you must establish a security question. The first time you login to eLMS after November 19, 2007, you will be prompted to establish your personal security question and answer. You will need to type a question and answer in the fields; the answer must be at least 5 characters in length and is NOT case sensitive. This is a required security level for your privacy. ONLY you can change the question and answer.

What if I forgot my ID?

[Click here](#) to retrieve your ID. Enter your government email address that is in your User Profile and your eLMS ID will appear in the User ID box. Caution: Your government email address must be correct in your User profile in order for your ID to appear.

Hint: Your User/Learner ID is your *FIRST.initial, LAST-name, Last-four-SSN* (e.g.SJONES1234). Use no spaces and ALL CAPS when typing your ID; the ID is case sensitive.

First time logging in? Or need login directions?

[Click here](#) to go to the eLMS info page for login instructions, an overview of eLMS, tips and tricks, etc.

Still need help?

Contact the eLMS Help Desk:

- Telephone: 405-954-4568 (M-F 6AM-6PM Central Time)
- E-mail: eLMSHELP@dot.gov



◆ Log in using your eLMS User ID and Password

U.S. Department of Transportation

Welcome VICTORIA OWENS | Home | Search Catalog Go | ? Help | Logout

Personal Learning Career Catalog Reports

Browse Catalog Calendar of Offerings **Simple Catalog Search** Advanced Catalog Search

Search Results

Enter Keywords to search Item, Curriculum title and Description fields.

Keywords: Exact Phrase

Curricula Instructor-Led Online Blended Other (Select one or more)

Below are the results of your Search. Select an Action from the Action buttons or click the Expand icon to view the Scheduled Offerings available for a Learning Item. You can refine your Search using the search form above.

Catalog Search Results				
Title	Type	Price (\$)	Status	Action
Transit Benefit Integrity Awareness Training *	U	0.00	--	<input type="button" value="Go to Content"/> <input type="button" value="Add to Learning Plan"/>

- ◆ Type “**Transit Benefit Integrity Awareness Training**” in the Search Catalog box
- ◆ Click on “**Go**”
- ◆ Click on the “**Transit Benefit Integrity Awareness Training**” link
- ◆ Complete the Transit Benefit Integrity Awareness Training
- ◆ Print the completion certificate



News

- [Bicycle Parking Application](#) 
- [Bicycle Benefit Policy](#) 
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- [Pay.gov Directions](#)
- [Draft Amendment to Section 8 of the Parking Policy](#)
- [Notice to Customers Presenting Checks](#)
- [Daily/Monthly Parking Directions](#) 
- [How to Register Your SmarTrip Card](#)
- [Broadcast Message – Requirements and Expectations](#)

Frequently Used Links

[Web Policies & Notices](#) | [Accessibility](#) | [Privacy Policy](#) | [No Fear Act](#)

◆ Return to <http://transerve.dot.gov>

HOME

DOT EMPLOYEE

OTHER FEDERAL EMPLOYEES



ABOUT TRANSERVE

BEST PRACTICES

**FINDINGS, AUDITS &
RECOMMENDATIONS**

FORMS

**FREQUENTLY ASKED
QUESTIONS (FAQs)**

POC DESK GUIDE

POLICY

**REGULATIONS &
LEGAL INFORMATION**

SMART BENEFITS

TRAINING

TRANSIT LINKS

PARKING TRANSIT OFFICE

CONTACT US

News

- [Bicycle Parking Application](#)
- [Bicycle Benefit Policy](#)
- [DOT Headquarters Parking Facility Recertification](#)
- [Pay.gov Directions](#)
- [Draft Amendment to Section 8 of the Parking Policy](#)
- [Notice to Customers Presenting Checks](#)
- [Daily/Monthly Parking Directions](#) 
- [Broadcast Message – Requirements and Expectations](#)
- [Broadcast Message – Smart Benefits](#)

[Web Policies & Notices](#) | [Accessibility](#) | [Privacy Policy](#) | [No Fear Act](#)

Last updated:
5/20/2010

◆ Click on the “DOT Employee” tab

[ABOUT TRANSERVE](#)[BEST PRACTICES](#)[FINDINGS, AUDITS & RECOMMENDATIONS](#)[FORMS](#)[FREQUENTLY ASKED QUESTIONS \(FAQs\)](#)[POC DESK GUIDE](#)[POLICY](#)[REGULATIONS & LEGAL INFORMATION](#)[SMART BENEFITS](#)[TRAINING](#)[TRANSIT LINKS](#)[CONTACT US](#)[Forms](#)[Transit Benefit Integrity Awareness Training \(eLMS\)](#)[Transit Benefit Application and Worksheet](#)[Partnership Agreement](#) [DOT Applicant Guide](#) [Web Policies & Notices](#) | [Accessibility](#) | [Privacy Policy](#) | [No Fear Act](#)

- ◆ Click on “Forms”
- ◆ Click on “Transit Benefit Application and Worksheet”

CLICKING ON THE “TRANSIT BENEFIT APPLICATION AND WORKSHEET” LINK WILL TAKE YOU TO THE TRANSIT BENEFIT APPLICATION WEBSITE

LOG IN	
User Name:	<input type="text"/>
Password:	<input type="password"/> Forgot Password?
<input type="button" value="Log In"/>	
NOT REGISTERED YET? <input type="button" value="Register"/>	



Thursday, April 24, 2008

- ◆ First time enrollments click the “**Register**” button
- ◆ Already registered? Skip to page 13

REMEMBER – YOU ONLY NEED TO REGISTER ONCE.

REGISTRATION

User Name:

First Name:

Middle Name:

Last Name:

Agency/Mode:

Email Address:

Phone Number:

Password:

Reenter Password:

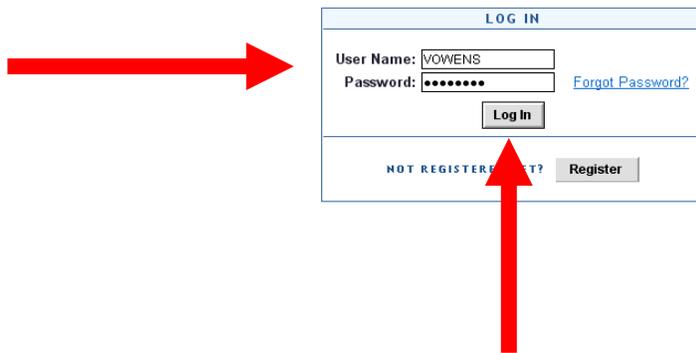
Hint*:

*A hint is a meaningful personal association to help you remember your password. This is optional, but highly recommended.



Thursday, April 24, 2008

- ◆ Complete the registration form
- ◆ Your first and last name must match the name on your badge
- ◆ Use your first initial and full last name as your User Name
- ◆ Click “**Register**”



LOG IN

User Name:

Password: [Forgot Password?](#)

NOT REGISTERED?

Thursday, April 24, 2008

NOTE:

- **YOU MUST REGISTER USING THE FIRST AND LAST NAME ON YOUR BADGE (I.E. JANE SMITH-JONES)**
- **YOUR USER NAME MUST BE: FIRST INITIAL AND FULL LAST NAME (I.E. JSMITH-JONES)**

UPDATE NOW IF YOUR PREVIOUS REGISTRATION DOES NOT MEET THESE REQUIREMENTS

- ◆ **Type in your User Name and Password**
- ◆ **Click “Log In”**

Welcome To Parking and Transit Benefit Public Website Version v 1.0



 [Transit Benefit Application](#)



 [Approval Section](#)

 [My Account](#)

 [Change Password](#)

 [Log out](#)

Thursday, April 24, 2008

- ◆ Select **“Transit Benefit Application”** from the main menu
- ◆ To update see Page 12, bullets 2-3

Welcome to the Parking and Transit Benefit Public Website Version v 1.0

SELECT AN ACTION TO CONTINUE

Select Your Employer:

Please make a selection

- Request Information
- Change an Existing Account
- Withdraw from the Program
- Recertify/Enroll

Proceed

Tuesday, July 08, 2008

- ◆ Select your Agency from the drop-down menu
- ◆ Click “**Recertify/Enroll**”
- ◆ Click “**Proceed**”

WARNING !

This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious, or fraudulent certification may constitute criminal violations punishable under Title 18, United States Code, Section 1001, by imprisonment up to five years and fines up to \$10,000 for each offense, and/or agency disciplinary actions up to and including dismissal.

- I certify that I am employed by the U.S. Federal Government.
- I certify that I am not named on a federally subsidized parking permit with any other federal agency.
- I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or vanpool, and will not give, sell, or transfer it to anyone else.
- I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the month statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.
- I certify that I will not claim the transit benefit in excess of my actual monthly commuting expense. If at anytime during a given month I am out of work due to sickness, vacation or any other reason, on official travel, or use a private vehicle for commuting, I will claim less and adjust the amount of my transit benefit the following month if appropriate.
- I certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit.

I Agree

I Do Not Agree

Thursday, April 24, 2008

- ◆ **Read the terms and conditions of the Transit Benefit Program**
- ◆ **Click “I Agree” to proceed with the application process**

YOU MUST AGREE TO THE TERMS AND CONDITIONS OF THE TRANSIT BENEFIT PROGRAM IN ORDER TO PROCEED WITH THE APPLICATION

ENROLL IN THE TRANSIT BENEFIT PROGRAM

TRANSIT BENEFITS VERIFICATION WORK SHEET

All employees are required to certify their monthly commuting costs by calculating to the nearest dollar for their **daily commute** to work.

Employees are reminded that parking fees are not eligible for transit benefits and should not be included when computing daily, weekly or monthly commuting costs.

Instructions: Calculate your **Total Monthly Mass Transit Expenses** based on the way (daily, weekly, monthly) that you pay for your commute. List your mode of mass transportation and how much it costs you. All costs must be computed to a monthly expense.

Mode of Transportation		Daily Expense	Weekly Expense	Total Monthly Expense
Bus to Work (local)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bus from Work (local)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Bus Mode to Work (commuter or county)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Bus Mode from Work (commuter or county)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rail to Work (MARC, VRE, Metro, other)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rail from Work (MARC, VRE, Metro, other)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Mode to Work: <input type="text"/>	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Mode from Work: <input type="text"/>	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Van Pool	Name of Company <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Calc Total				\$ <input type="text"/>

Converting Daily and Weekly Cost to Monthly Cost

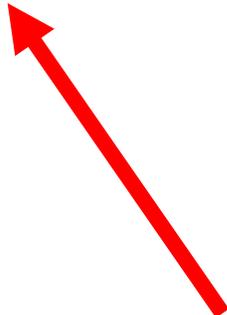
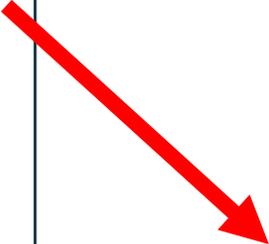
40-hour workweek and compressed workweek

8-hour work day conversion			9-hour work day conversion			10-hour work day conversion		
Daily Cost	No. Days Worked x 20	Total Monthly Cost	Daily Cost	No. Days Worked x 18	Total Monthly Cost	Daily Cost	No. Days Worked x 16	Total Monthly Cost
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Other Work Schedule Conversions (telecommuters, part-time, maxiflex, etc.)			Weekly Work Schedule Conversions		
Daily Cost	Number of commute days per month x no. days	Total Monthly Cost	Weekly Cost	Number of weeks per month x 4	Total Monthly Cost
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Employees are responsible for adjusting their monthly transit benefits each month in accordance with their actual work commute each month.

Total Monthly Costs \$



- ◆ Complete the “**Transit Benefits Verification Worksheet**”, including the “**Converting Daily and Weekly Cost to Monthly Cost**” section
- ◆ Remember: **Parking fees are not eligible for the transit benefit and should not be included when computing daily, weekly or monthly commuting costs**

FOR HELP COMPUTING COSTS, FOLLOW THESE LINKS TO YOUR TRANSIT COMPANY’S WEBSITE:
 GO TO [HTTP://TRANSERVE.DOT.GOV](http://TRANSERVE.DOT.GOV)
 CLICK ON “DOT EMPLOYEE”
 CLICK ON “TRANSIT LINKS”

**NATIONAL CAPITAL REGION PUBLIC TRANSPORTATION
TRANSIT BENEFIT PROGRAM APPLICATION**

Identifier: (Last 4 digits of Social Security No)

Name: (First) (MI) (Last)

Email Address: Work Phone:

DEPARTMENT OF TRANSPORTATION

Agency/Mode: Region: Vendor:

Admin: Location/Building: Transit System:

Civilian/Military:

I certify that my usual **monthly commuting cost** are:

RESIDENCE INFORMATION

Address:

City: State: Zip:

Approving Official: [Select...](#)

Manager/Fund Certifier: [Select...](#) Manager Phone:

SmartTrip Card Number:

PRIVACY ACT STATEMENT:
 This notice is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a: This information is solicited under authority of 5 U.S.C. § 7905. Furnishing the information on this form is voluntary, but failure to provide all or part of the information may result in disapproval of your request for a public transit fare benefit. The principal purposes of the information are to facilitate timely processing of your request, to ensure your eligibility for transit benefits, and to prevent misuse of the funds involved. The information may be used for production of listings and reports and for periodic review or revalidation of transit benefits. Partial SSN (last 4 digits) is used to compare applications within the system to detect duplicate applications. Other routine uses are published in the Federal Register at 65 F.R.19476 (April 14, 2000).

- ◆ **Fill out the transit benefit application**
- ◆ **Ensure that you select the correct choices from all drop-down menus**
- ◆ **Click “Submit Application”**