



NRECA Commuter Assistance Program

Change

** Must be **received by the 10th** of the current month to be effective the first of the following month. You must wait a minimum of 2 months before requesting another change.

Employee Information

Employee Name:	Today's Date:	*Effective Date (For HR Use Only)

Commuter Information

Please check (X) your selection from the five options below:

1). **SmarTrip** Your WMATA Registered SmarTrip card serial #: _____

Please check your travel distance below. Starting from NRECA Headquarters use the [MapQuest](#) shortest time feature. Please enter your Transit and/or Metro Parking amount in \$5 increments. Your total needs to equal your subsidy

Helpful Links: www.MapQuest.com & www.WMATA.com

	Distance <i>(Rounded to the nearest mile)</i>	Subsidy	Transit	Metro Parking
<input type="checkbox"/>	Under 5 Miles	\$95		
<input type="checkbox"/>	5-10 miles	\$125		
<input type="checkbox"/>	11-20 miles	\$150		
<input type="checkbox"/>	21-30 miles	\$175		
<input type="checkbox"/>	31 + miles	\$205		

2). **PARKING** in NRECA garage for a monthly pre-tax deduction of \$48. You must complete and submit the Parking Patron Form on the next page.

3). **CARPOOL** with free parking. Please list your carpool members below and register each vehicle being driven on the Parking Patron Information Form:

Employee Name: _____

Employee Name: _____

4). **WALKER** with up to five free parking validations per month. Additional validations may be purchased via payroll deduction, limit 10 per month. The [Parking Validation Purchase Form](#) is available on NRECANow.

5). **BIKER** Employees who commute by bicycle at least five months out of the calendar year are eligible for a \$100 bicycle maintenance benefit. Employees will receive the \$100 bicycle maintenance benefit in their November payroll. Bike cage keys are issued by Building Operations at the 11th floor Reception Desk. A [Bike Cage Key Request Form](#) must be completed and submitted to Building Operations to receive a key

Employee Certification

I certify that: 1) The foregoing is true and correct; 2) My selection will be my primary means of transportation to NRECA Arlington Headquarters; 3) I will use the metro subsidy/parking passes for my commute to and from work; 4) I will not transfer, sell or give the transit subsidy/parking passes to anyone else; 5) If I am unable to use one of my free parking passes, I will use in the subsequent month for commuting and request fewer permitted parking passes.

Employee Signature: _____



PARKING PATRON INFORMATION
BUILDING 4301/4401

NAME:	DATE:	EFFECTIVE DATE:

PARKING CARD NUMBER: _____

NRECA EMPLOYEE NUMBER: _____

WORK TELEPHONE: _____

CAR POOL: **YES** **NO**

If "YES" your parking is free. Please list your **Carpool Members** below:

- | | |
|----------|-------------------|
| 1. _____ | Telephone # _____ |
| 2. _____ | Telephone # _____ |
| 3. _____ | Telephone # _____ |

VEHICLE INFORMATION

	VEHICLE # 1	VEHICLE # 2
MAKE:		
MODEL:		
COLOR:		
LICENSE PLATE #:		
STATE:		

Please email completed form to CommuterForms@NRECA.coop.

NOTE: Building Operations has the right to revoke parking privileges based on misconduct in the parking garage.