



DEPARTMENT OF HEALTH AND HUMAN SERVICES
PSC BICYCLE SUBSIDY PROGRAM APPLICATION

www.hhs.gov/travel/Bike2Work

SECTION I: TO BE COMPLETED BY THE EMPLOYEE (Incomplete applications will not be processed.)

1. TYPE OF APPLICATION (<i>Check one</i>) <input type="checkbox"/> New Enrollment <input type="checkbox"/> Update		2. PARTICIPATION: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal If Seasonal, Specify Date Range, Whole Months Only (Example: May - September) _____ - _____			
3. NAME (<i>Last Name</i>)			(First Name)		(Middle Initial)
4. SOCIAL SECURITY NUMBER (<i>Provide last 4 only</i>) XXX-XX-____		5. AGENCY (<i>Check one</i>): <input type="checkbox"/> ACF <input type="checkbox"/> AHRQ <input type="checkbox"/> AOA <input type="checkbox"/> CMS <input type="checkbox"/> FDA <input type="checkbox"/> HRSA <input type="checkbox"/> IHS <input type="checkbox"/> NCHS <input type="checkbox"/> OS <input type="checkbox"/> SAMHSA			
6. SUB AGENCY/DIVISION OR CENTER:			7. GOVERNMENT EMAIL ADDRESS:		
8. OFFICE ADDRESS (<i>Street Address</i>)			9. OFFICE PHONE NUMBER		
City	State	ZIP Code	10. MAILING ADDRESS (<i>Voucher will be mailed to this address monthly.</i>)		
Building Name	Room Number	Mail Stop	City	State	ZIP Code
11. I CERTIFY THAT: I am a federal employee; I will only be using the bicycle subsidy to cover expenses (see Section V) incurred with my daily commute to and from work; I will not transfer the benefits to anyone else; I understand that I must surrender all transit benefits to participate in the bicycle subsidy program; and to the best of my knowledge and belief all of my statements are true, correct, complete and made in good faith. A false, fictitious or fraudulent certification will render me subject to criminal prosecution under U.S. Code, Title 18, Section 1001, civil penalty action providing for administrative recoveries up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.					
PRINT NAME (<i>Last Name, First Name, Middle Initial</i>)			SIGNATURE		DATE (<i>mm/dd/yyyy</i>)

SECTION II: TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

BY SIGNING BELOW THE EMPLOYEE'S SUPERVISOR STATES THAT THE PERSON REQUESTING THE BICYCLE SUBSIDY IS ELIGIBLE TO RECEIVE BENEFITS AND THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED. PLEASE SEE PSC BICYCLE SUBSIDY PROGRAM DOCUMENTATION AT WWW.HHS.GOV/TRAVEL/BIKE2WORK FOR ADDITIONAL INFORMATION.

1. FOR TEMPORARY HIRES (MUST EXCEED 120 DAYS) PROVIDE NOT TO EXCEED DATE:

PRINT NAME (<i>Last Name, First Name, Middle Initial</i>)	SUPERVISOR SIGNATURE	DATE (<i>mm/dd/yyyy</i>)
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SECTION III: TO BE COMPLETED BY THE AGENCY OR REGIONAL COORDINATOR

BY SIGNING BELOW THE COORDINATOR STATES THAT THE PERSON REQUESTING BENEFITS WILL NOT HAVE TRANSIT SUBSIDY PRIVILEGES CONCURRENT WITH THE BICYCLE SUBSIDY.

PRINT NAME	AGENCY/REGIONAL COORDINATOR SIGNATURE	DATE (<i>mm/dd/yyyy</i>)
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SECTION IV: TO BE COMPLETED BY THE PSC BICYCLE SUBSIDY PROGRAM OFFICE

PSC PROGRAM OFFICE TIME STAMP

1. TRANSIT SUBSIDY/PARKING (<i>Check one</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Entered into fulfillment system: (<i>Check</i>) <input type="checkbox"/> DATE (<i>mm/dd/yyyy</i>)	
3. Notify participant via email: (<i>Check</i>) DATE (<i>mm/dd/yyyy</i>)	4. Provide 1 st month vouchers <input type="checkbox"/> YES <input type="checkbox"/> NO	5. Employee ID#:

SECTION V: ELIGIBLE BICYCLE EXPENSES INCLUDE

- Purchase of a new bicycle • Repair/tuning of a bicycle • Bicycle storage • Bicycle locks
- Equipment including helmets, goggles, lights, riding gear, reflective clothing and safety equipment

Privacy Act Statement: This information is provided pursuant to 5 U.S.C. 552a (Privacy Act of 1974) for individuals supplying Information for inclusion in a system of records. The authority to collect the information requested on this form is derived from 5 U.S.C. 7905, "Programs to encourage commuting by means other than single-occupancy motor vehicles." The primary use of the information is by the PSC Administrative Operations Service staff to manage and evaluate participation in the PSC Bicycle Subsidy Program. Information from these records may be disclosed outside the Department as follows: to appropriate Federal, state or local agencies responsible for investigating, prosecuting, enforcing, or implementing statutes, rules, regulations or orders when HHS becomes aware of evidence of a potential violation of civil or criminal law; to a congressional office from the record of an individual in response to a verified inquiry from that congressional office made at the written request of that individual; to the Department of Justice (DOJ) where DOJ has agreed to represent the Federal government, HHS or employees of HHS in case of lawsuit; to a contractor when HHS contracts with a private firm for the purpose of collating, analyzing, aggregating, or otherwise refining records in this system; to officials of labor organizations recognized under 5 U.S.C. Chapter 71 when relevant and necessary to their duties of exclusive representation, concerning personnel policies, practices, and matters affecting working conditions; to organizations deemed qualified by the Secretary to carry out quality assessments or utilization review; and HHS may disclose statistical reports containing information from this system of records to city, county, state, and Federal government agencies (including the General Accounting Office). Furnishing the information on this form is entirely voluntary; however, failure to do so will result in ineligibility to participate in the PSC Bicycle Subsidy Program.