

**Northern Virginia Community College**  
**Commonwealth Commuter Choice**  
**Employee Semi-Yearly/Yearly Certification**

*I hereby acknowledge continued receipt of a monthly transportation fringe benefit from the Commonwealth Commuter Choice program, paid for by my employer, the Commonwealth of Virginia, valued at \$ \_\_\_\_\_ per month, provided to me via my registered SmarTrip card, for the period from \_\_\_\_\_ to \_\_\_\_\_ . If I need an alternate transportation benefit media, then I must notify Human Resources.*

*I certify that during this period I will continue to use the benefits exclusively for my regular daily direct commute from home to work and return by public transportation or eligible vanpool, and that I did not give, barter, exchange, convey, or otherwise transfer any of these benefits to any other person.*

*I further certify that the total of the monthly benefits that I receive will not exceed my total commuting costs, excluding any parking costs, for the period I receive them.*

*I further certify that during this period I am not 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 it is disclosed, in writing, to this agency.*

*I understand and agree that false certification may result in disciplinary action taken by my agency or the Commonwealth of Virginia, up to and including dismissal from employment, and may subject me to criminal prosecution under state or federal law.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employee (Please Print): \_\_\_\_\_

EMPLID: \_\_\_\_\_ SmarTrip Card Number: \_\_\_\_\_