ACCESSING TRANSHARE APPLICATION THROUGH AMS/EWITS

IF YOU HAVE DIFFICULTY WITH ANY STEP IN THIS PROCEDURE, PLEASE CALL THE ONE-DHHS CONTACT CENTER AT 1-888-663-3447, OPTION 5

1 If you are not already at the AMS Home Page, navigate in your web browser to the following site: https://iam.hhs.gov/ams. If you are logged in to EWITS through AMS, please proceed to Step 6 below.

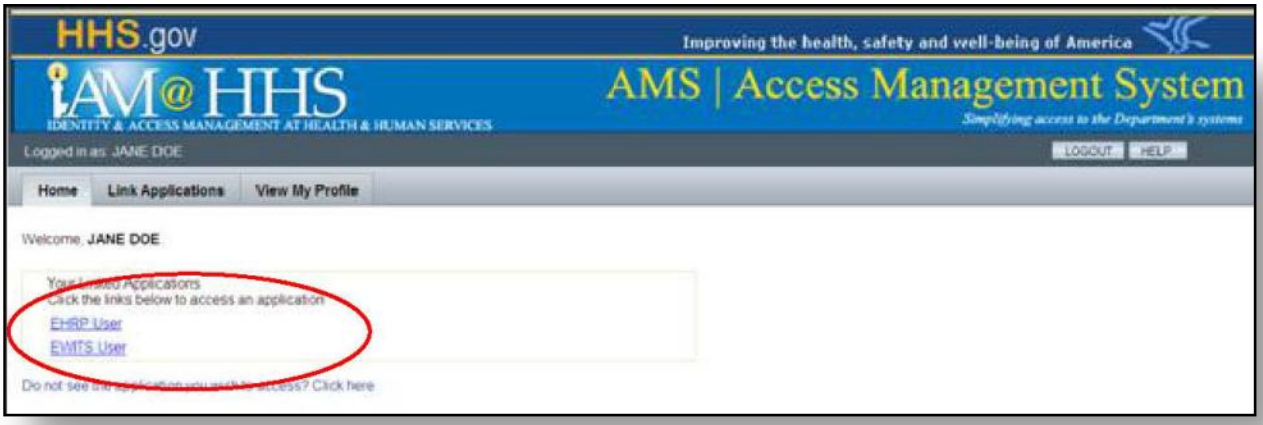
Figure 1 AMS Login Screen

2 Login to AMS. (Questions regarding your AMS account can be directed to HHSIdentityEAMPMO@hhs.gov.)

3 After you click <Login> your AMS Home Page will display.

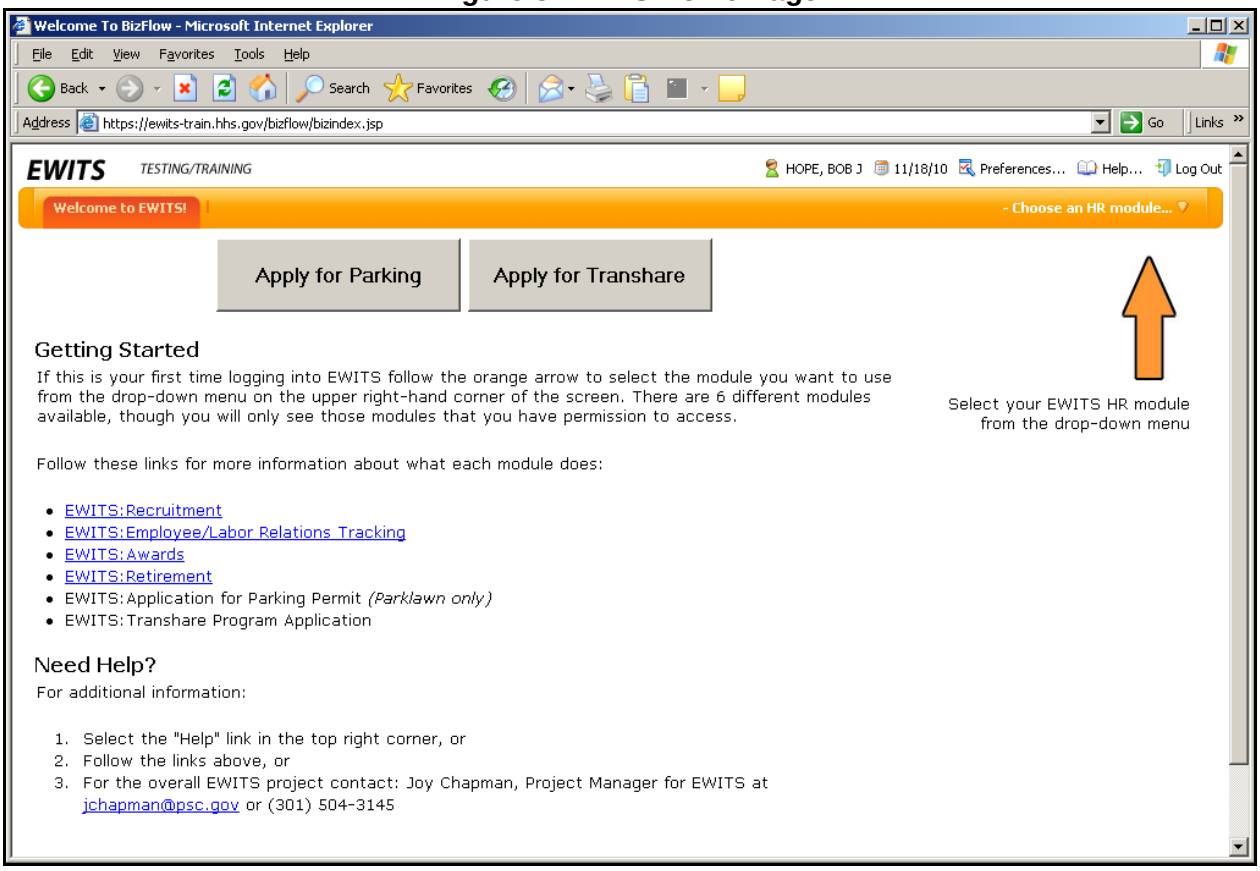
4 Click <EWITS User> from the list on the left-hand side of the page to access the EWITS Webpage.

Figure 2 AMS User Link Screen



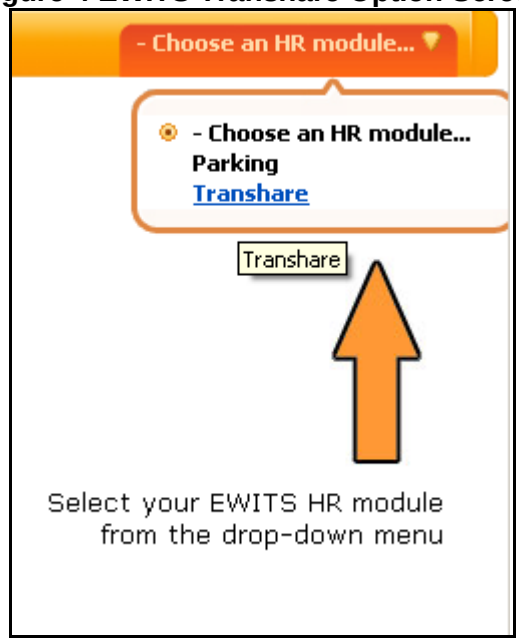
5 Non-Parklawn Building users, go to step 7 now.
For Parklawn Building users, the EWITS Home Page will appear.

Figure 3 EWITS Home Page



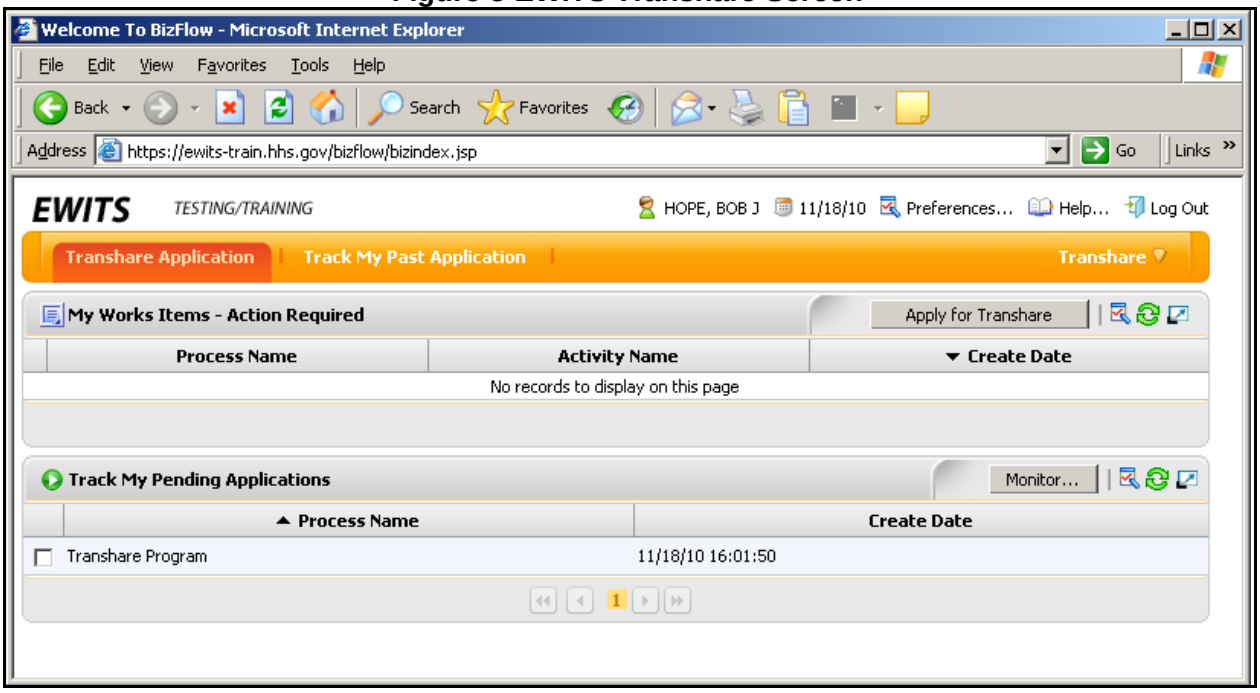
6 Click the APPLY FOR TRANSHARE button as shown above or select the TRANSHARE Module located in the upper right of the screen as shown below:

Figure 4 EWITS Transhare Option Screen



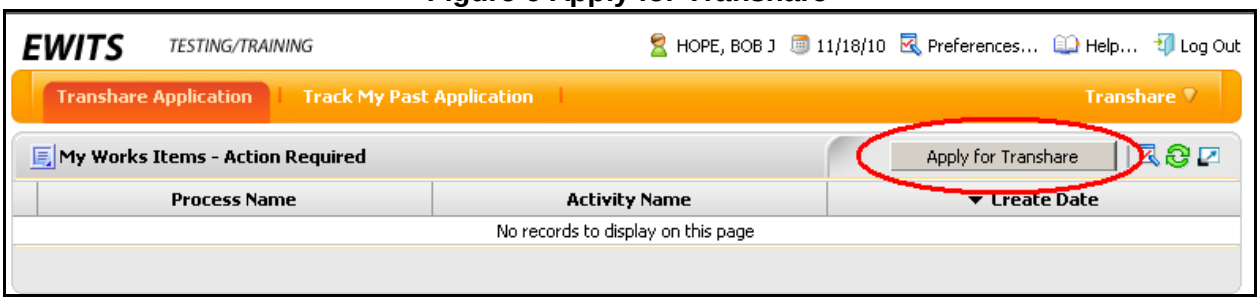
7 The Transhare screen below will display:

Figure 5 EWITS Transhare Screen



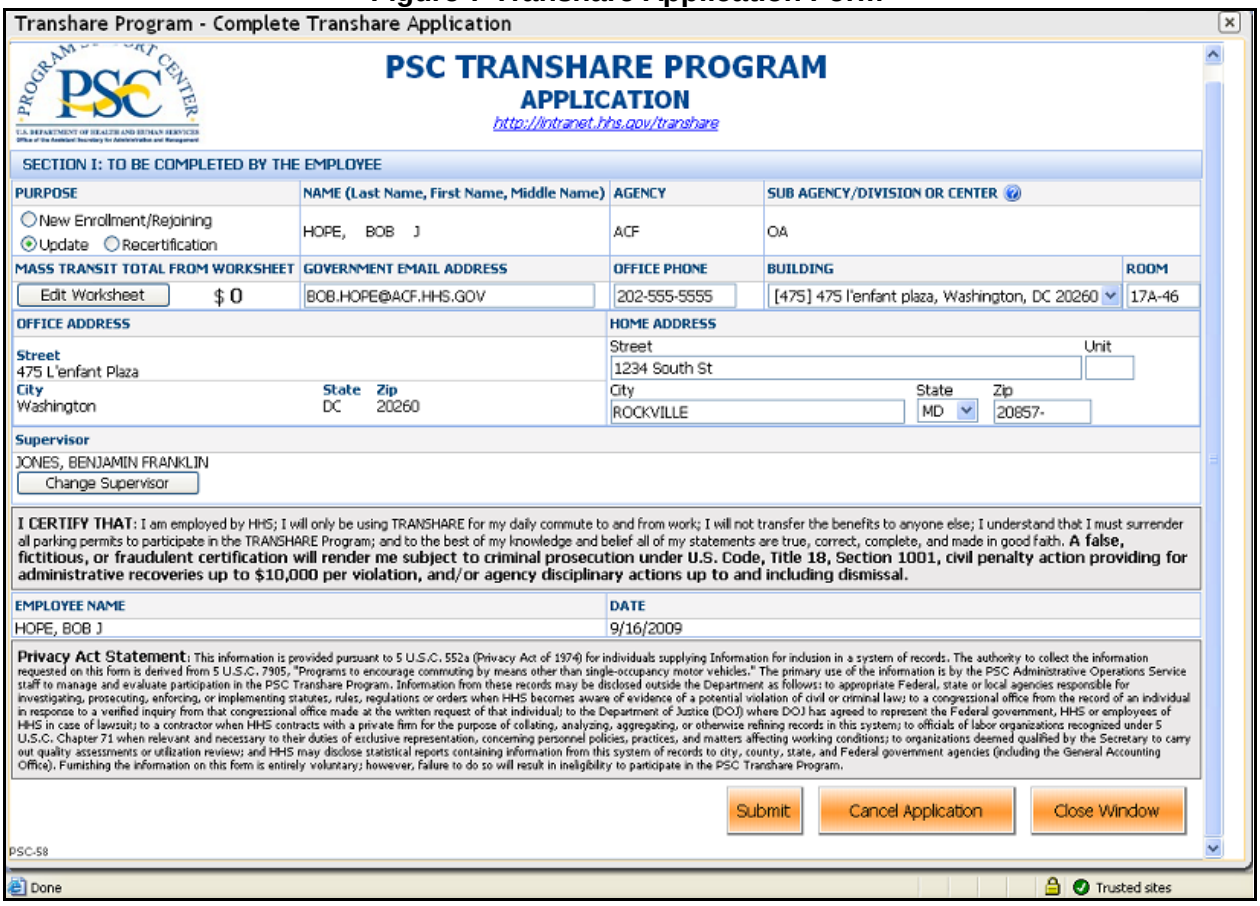
8 Click the APPLY FOR TRANSAHRE button. This APPLY FOR TRANSHARE button is shown circled below:

Figure 6 Apply for Transhare



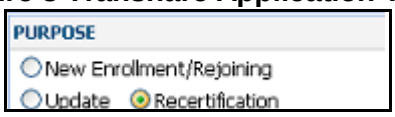
9 The PSC Transhare Application displays as shown below:

Figure 7 Transhare Application Form



10 Select the button under PURPOSE which applies to the type of application you are submitting. Example shown below:

Figure 8 Transhare Application Type



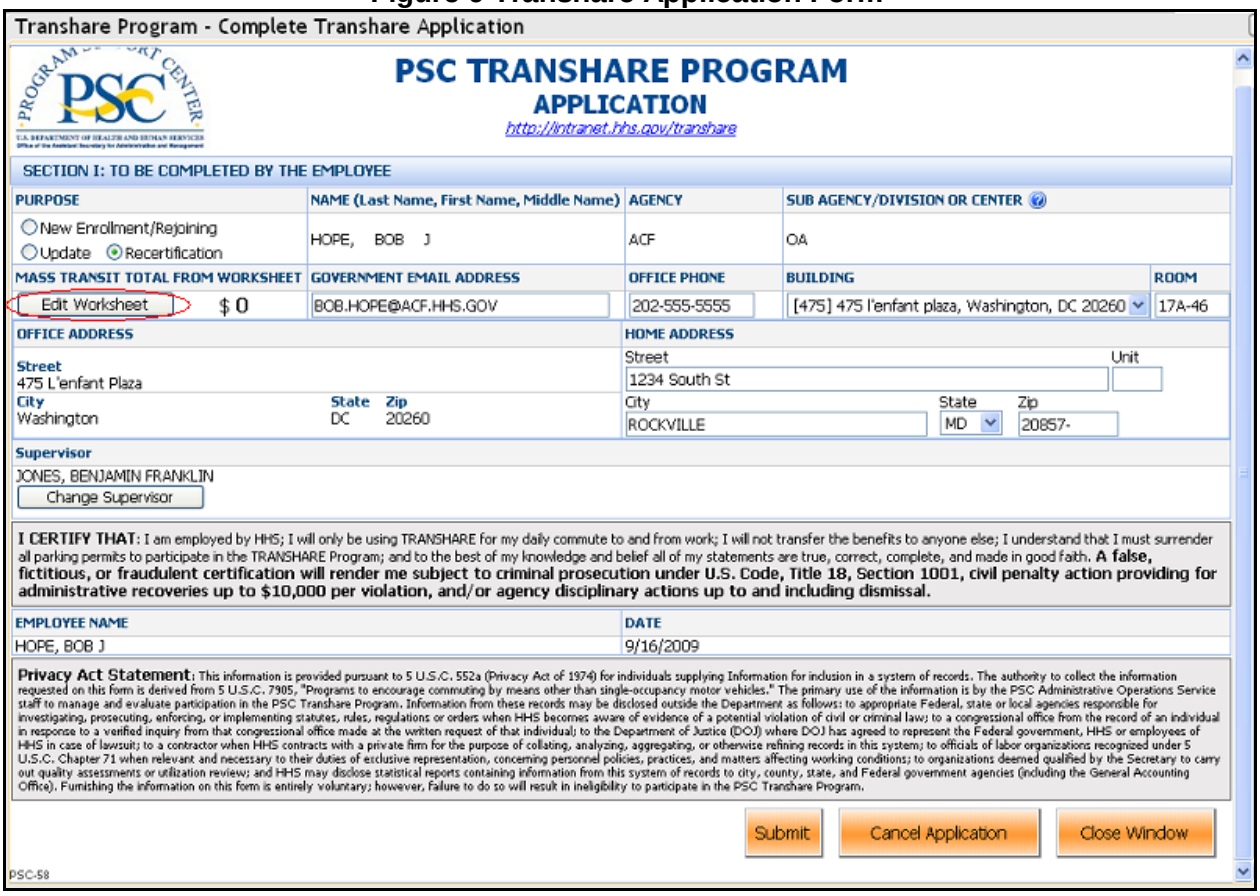
11 If necessary, edit the following personal information:

- Government Email Address
- Office Phone
- Building
- Room
- Home Address

**Note: The Sub Agency/Division or Center cannot be modified. If this is incorrect, please contact the ONE-DHHS Contact Center to request a change before submitting an application.*

12 Select EDIT WORKSHEET as shown circled below:

Figure 9 Transhare Application Form



13 The PSC Transhare Program Mass Transit Expense Worksheet displays as shown below:

Figure 10 Transhare Application Worksheet

Transhare Program - Complete Transhare Application

Back to Application

PROGRAM SUPPORT CENTER PSC

PSC TRANSHARE PROGRAM
MASS TRANSIT EXPENSE WORKSHEET

http://intranet.hhs.gov/transhare

It is required that PSC Transhare Program participants calculate their monthly mass transit commuting costs to the nearest dollar. This worksheet must be completed and submitted in order to receive benefits.

Provide your monthly mass transit expenses below. List each mode of transportation and how much it costs. It is possible that you will have a combination of daily, weekly, and/or monthly expenses included in your total.

PLEASE NOTE: Parking fees cannot be included when calculating your commuting costs. These benefits can only be used for mass transit or registered vanpool costs. If you are a person with a disability, a senior citizen, or anyone else receiving reduced rates you must provide the reduced rates below. If your scheduled number of hours in the office changes or if you go on extended leave contact the PSC Transhare Program office.

STEP I: DOCUMENT YOUR DAILY, WEEKLY, AND MONTHLY COSTS

Each mode should only have a daily, weekly, OR monthly cost associated with it. Only fill one column per row.

MASS TRANSIT MODES OF TRANSPORTATION		NAME OF COMPANY	DAILY COST	WEEKLY PASS COST	MONTHLY PASS COST
Select Travel Method	TO WORK		$	$	$
reset	FROM WORK		$		
Select Travel Method	TO WORK		$	$	$
reset	FROM WORK		$		
Select Travel Method	TO WORK		$	$	$
reset	FROM WORK		$		
Select Travel Method	TO WORK		$	$	$
reset	FROM WORK		$		
Select Travel Method	TO WORK		$	$	$
reset	FROM WORK		$		
		TOTAL	$ 0.00	$ 0.00	$ 0.00

STEP II: CONVERT YOUR DAILY AND WEEKLY COSTS TO MONTHLY COSTS

Select the schedule which best indicates your work schedule.
For ANY SCHEDULE WITH LESS THAN 40 HOURS PER WEEK, please select the number of days you are in the office each month.

DAILY COST CONVERSION			WEEKLY PASS COST CONVERSION		
Select Work Schedule					
DAILY COST TOTAL	DAYS IN OFFICE EACH MONTH	DAILY COSTS EACH MONTH	WEEKLY PASS COST TOTAL		WEEKLY PASS COSTS EACH MONTH
$ 0.00	x 1 =	$ 0.00	$ 0.00	x 4 =	$ 0.00

STEP III: TOTAL YOUR COSTS

Your monthly maximum reimbursable costs is $ 230.00.	DAILY COSTS EACH MONTH	$ 0.00
	WEEKLY PASS COSTS EACH MONTH	$ 0.00
	MONTHLY PASS COSTS EACH MONTH	$ 0.00
	TOTAL MASS TRANSIT COSTS EACH MONTH	$ 0.00
	TOTAL MONTHLY MASS TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR	**$ 0**

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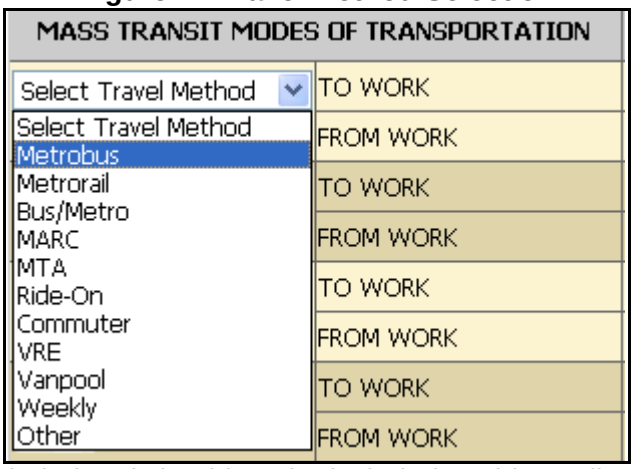
Back to Application

**Note: This section allows the customer to enter multiple modes of transportation (for example bus, metro, and/or carpool) in their Transhare application. The customer can enter a daily, weekly and monthly cost of various travel methods. However, customers may only apply for either the Transhare or Parking program.*

14 Select the TRAVEL METHOD from the drop down menu as shown below:

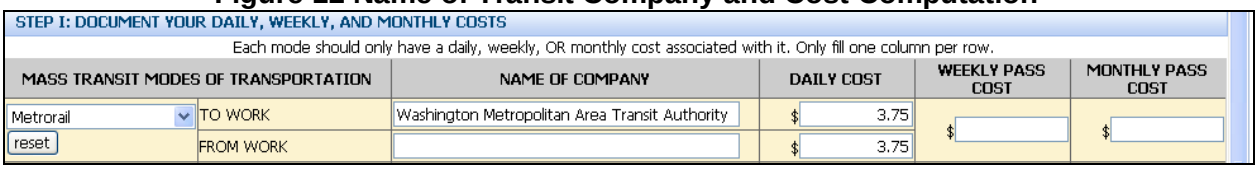
Figure 11 Travel Method Selection



**Note: Parking is not included and should not be included on this application.*

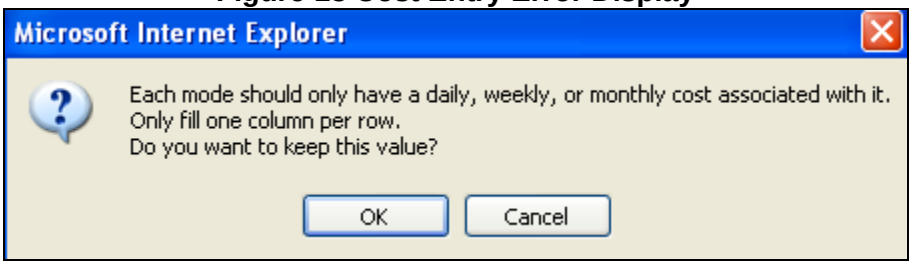
15 Enter in the NAME OF THE COMPANY and either DAILY COST, WEEKLY PASS COST or MONTHLY PASS COST. Below is an example of a DAILY COST using WMATA Metrorail:

Figure 12 Name of Transit Company and Cost Computation



**Note: Only one cost should be entered. If more than one cost is entered, the following pop-up message will appear:*

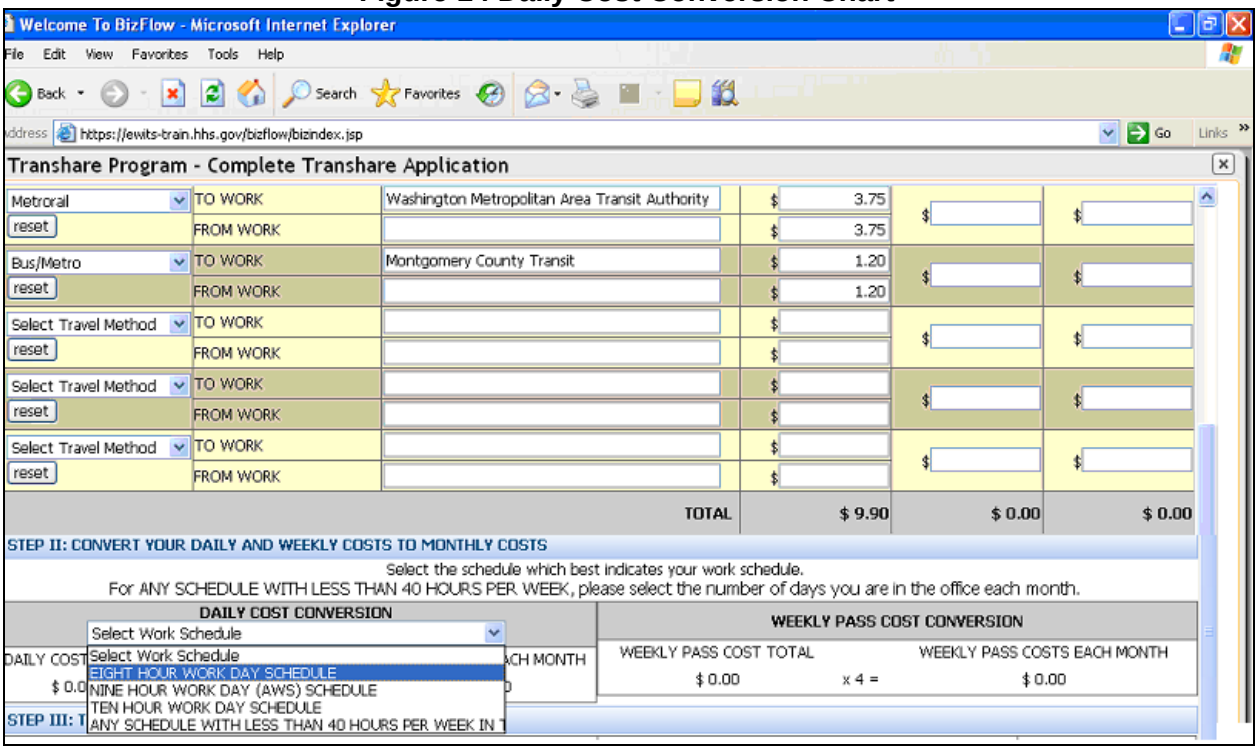
Figure 13 Cost Entry Error Display



16 Repeat Steps 25 & 26 above for each row until all modes of Transportation have been included.

17 Select your work schedule from the DAILY COST CONVERSION drop-down menu.

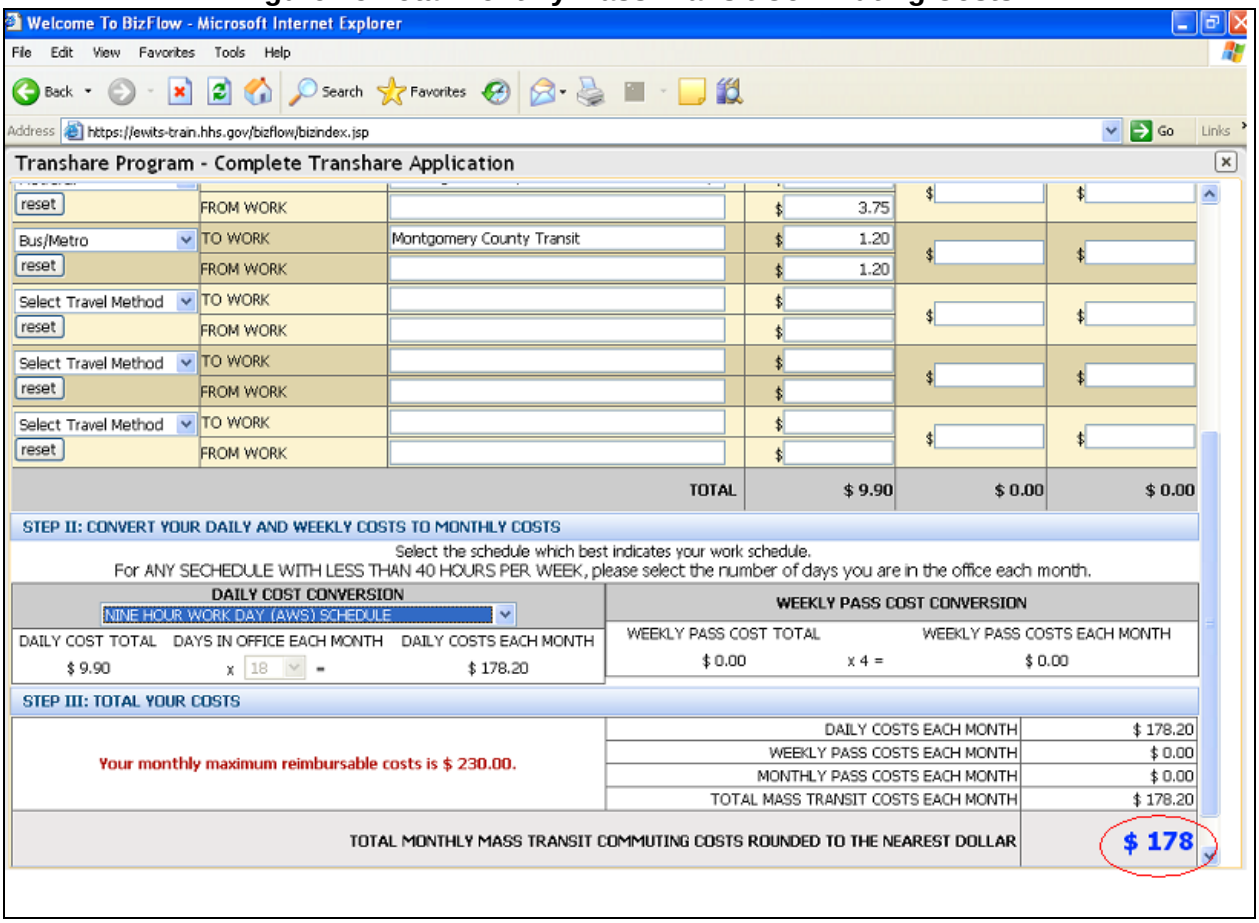
Figure 14 Daily Cost Conversion Chart



18 Review the entire Application including the

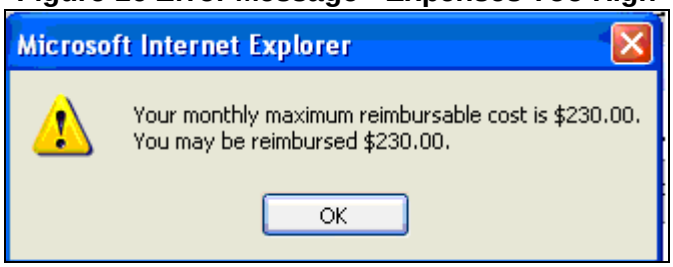
TOTAL MONTHLY MASS TRANSIT COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR. in the bottom right as shown circled below:

Figure 15 Total Monthly Mass Transit Commuting Costs



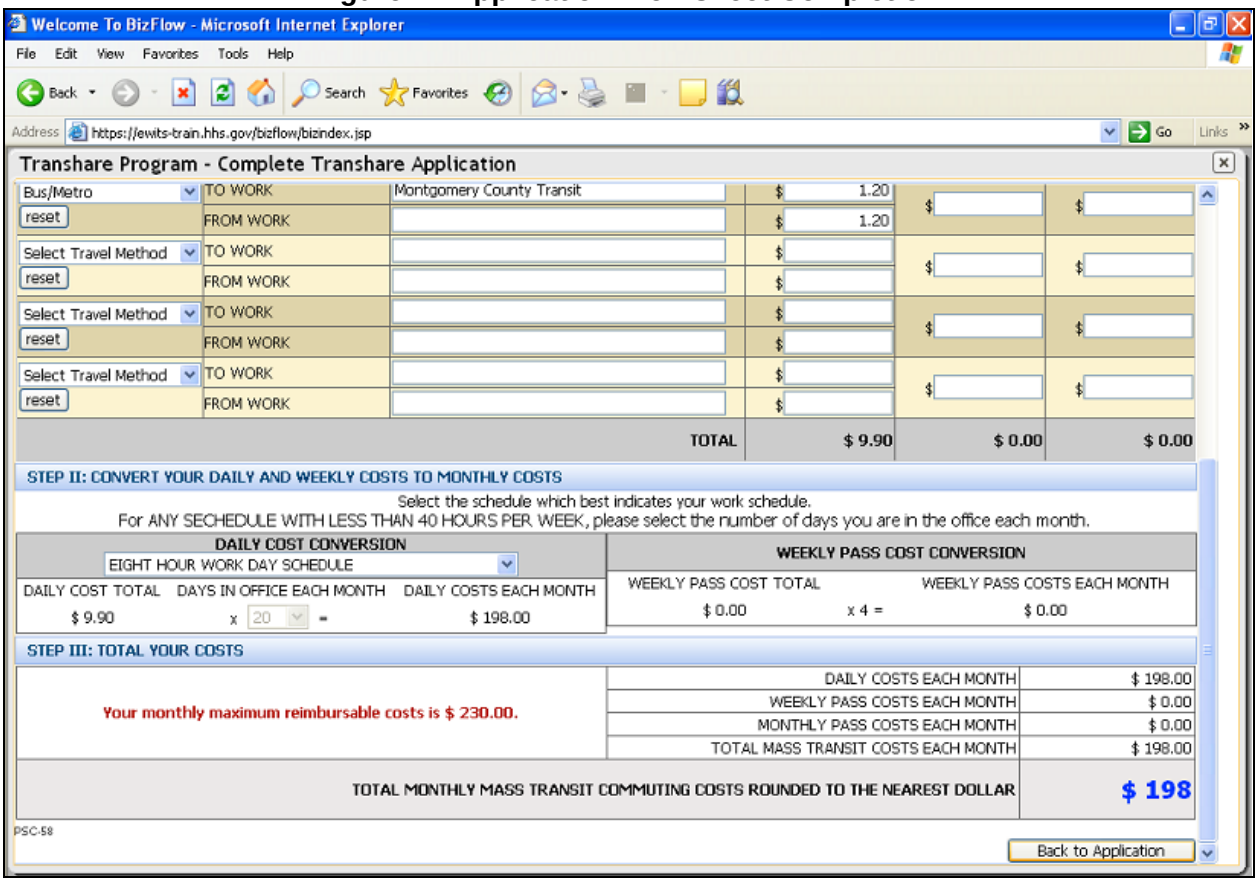
**Note: Your monthly maximum reimbursable cost is displayed in red in the bottom left of the screen. If you enter Transit expenses that exceed this amount, you will see a pop-up message like the following:*

Figure 16 Error Message - Expenses Too High



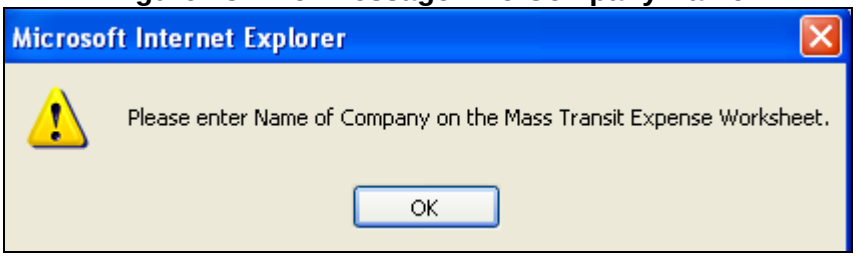
19 After reviewing the worksheet, click on the BACK TO APPLICATION button as shown below with the red arrow:

Figure 17 Application Worksheet Completion



**Note: If you do not include the NAME OF COMPANY for one or more modes of transportation, the following pop-up message will appear indicating that it is required:*

Figure 18 Error Message - No Company Name



20 The Transhare Application will display as shown below:

Figure 19 Transhare Application Form

Transhare Program - Complete Transhare Application

PSC TRANSHARE PROGRAM
APPLICATION
http://intranet.hhs.gov/transhare

SECTION I: TO BE COMPLETED BY THE EMPLOYEE

PURPOSE	NAME (Last Name, First Name, Middle Name)	AGENCY	SUB AGENCY/DIVISION OR CENTER
○ New Enrollment/Rejoining ○ Update ◉ Recertification	HOPE, BOB J	ACF	OA

MASS TRANSIT TOTAL FROM WORKSHEET	GOVERNMENT EMAIL ADDRESS	OFFICE PHONE	BUILDING	ROOM
Edit Worksheet $ 198	BOB.HOPE@ACF.HHS.GOV	202-555-5555	[475] 475 l'enfant plaza, Washington, DC 20260	17A-46

OFFICE ADDRESS			HOME ADDRESS			
Street 475 L'enfant Plaza			Street 1234 South St			Unit
City Washington	State DC	Zip 20260	City ROCKVILLE		State MD	Zip 20857-

Supervisor

JONES, BENJAMIN FRANKLIN

Change Supervisor

I CERTIFY THAT: I am employed by HHS; I will only be using TRANSHARE for my daily commute to and from work; I will not transfer the benefits to anyone else; I understand that I must surrender all parking permits to participate in the TRANSHARE 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.**

EMPLOYEE NAME	DATE
HOPE, BOB J	9/16/2009

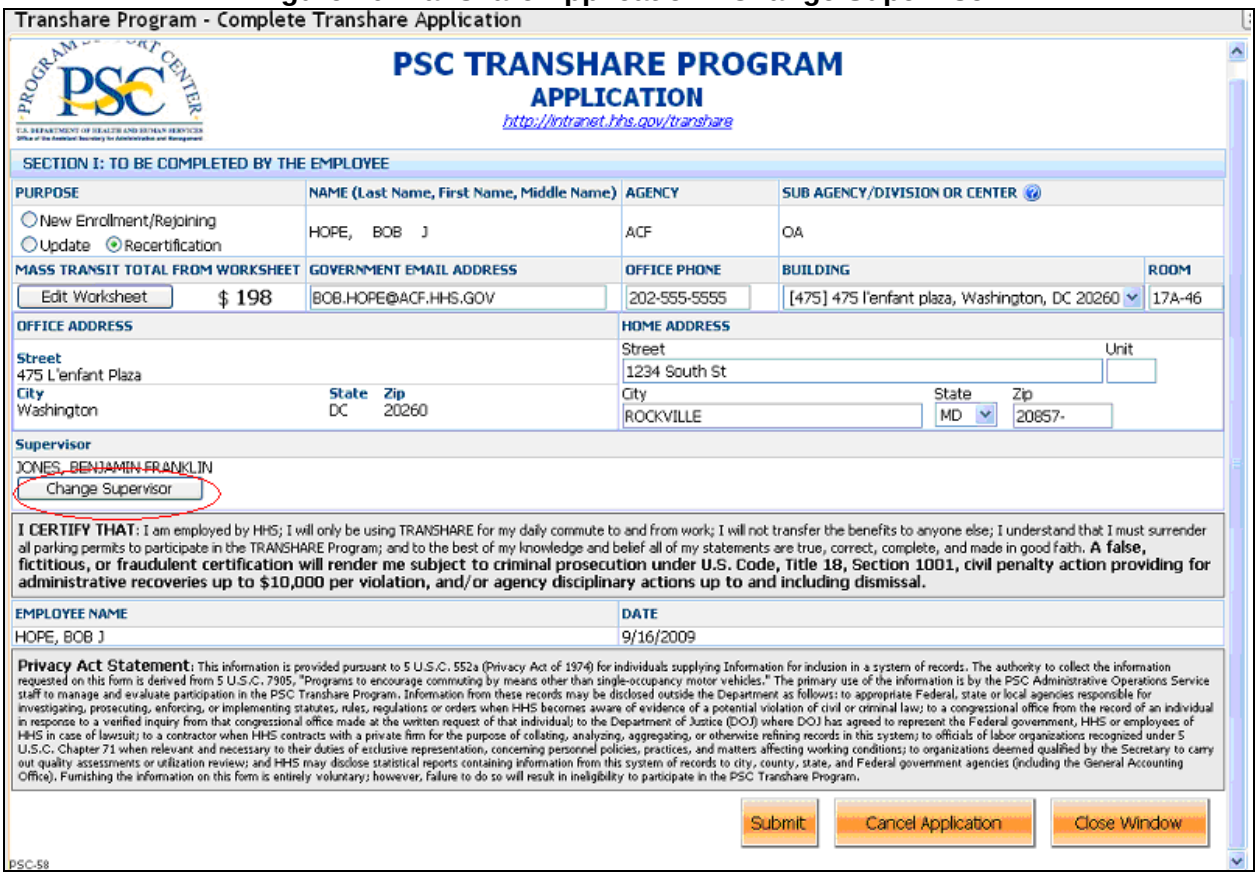
Privacy Act Statement: This information is provided pursuant to 5 U.S.C. 552a (Privacy Act of 1974) for individuals supplying Information for inclusion in a system of records. The authority to collect the information requested on this form is derived from 5 U.S.C. 7905, "Programs to encourage commuting 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 Transhare 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 Transhare Program.

Submit | Cancel Application | Close Window

PSC-58

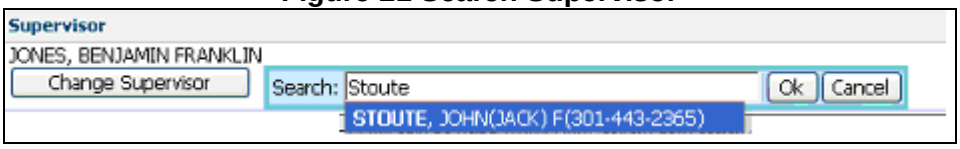
21 If necessary, you can change the Supervisor by clicking on the CHANGE SUPERVISOR button shown below. If your Supervisor is correct, you may skip to Step 37.

Figure 20 Transhare Application - Change Supervisor



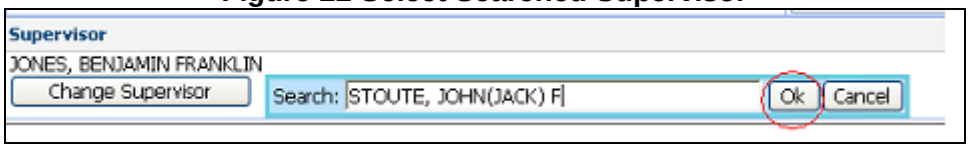
22 Type in the Supervisor's last name and matching results will appear highlighted in blue as shown in the screen shot below:

Figure 21 Search Supervisor



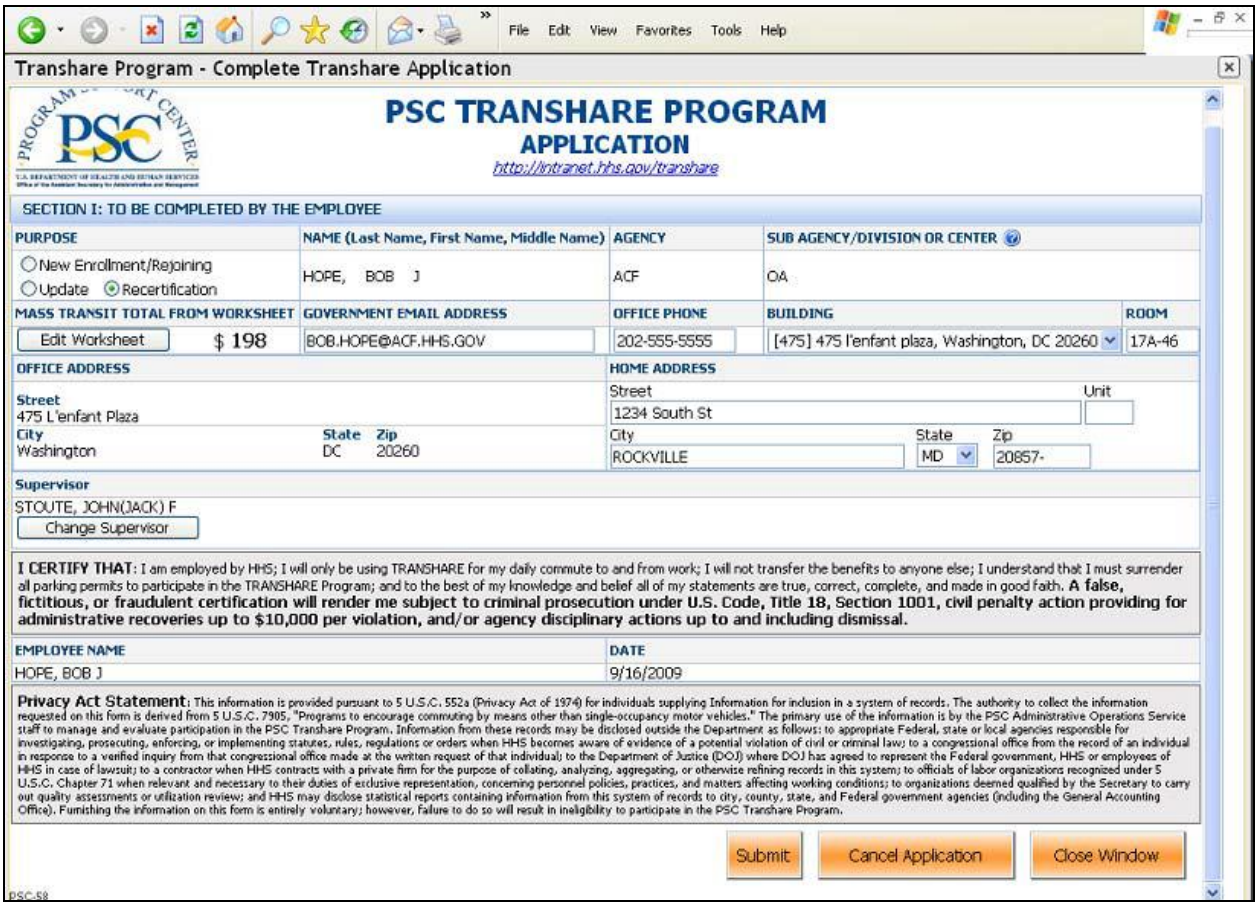
23 Select the correct Supervisor's name and click the OK button as shown below:

Figure 22 Select Searched Supervisor



24 The newly added Supervisor's name will now appear on the Transhare Application as shown below with the red arrow:

Figure 23 Transhare Application w/ Supervisor



File Edit View Favorites Tools Help

Transhare Program - Complete Transhare Application

PSC TRANSHARE PROGRAM
APPLICATION
http://intranet.hhs.gov/transhare

SECTION I: TO BE COMPLETED BY THE EMPLOYEE

PURPOSE	NAME (Last Name, First Name, Middle Name)	AGENCY	SUB AGENCY/DIVISION OR CENTER
○ New Enrollment/Rejoining ○ Update ◉ Recertification	HOPE, BOB J	ACF	OA

MASS TRANSIT TOTAL FROM WORKSHEET	GOVERNMENT EMAIL ADDRESS	OFFICE PHONE	BUILDING	ROOM
Edit Worksheet $ 198	BOB.HOPE@ACF.HHS.GOV	202-555-5555	[475] 475 l'enfant plaza, Washington, DC 20260	17A-46

OFFICE ADDRESS			HOME ADDRESS		
Street			Street		Unit
475 L'enfant Plaza			1234 South St		
City	State	Zip	City	State	Zip
Washington	DC	20260	ROCKVILLE	MD	20857-

Supervisor
STOUTE, JOHN(JACK) F
Change Supervisor

I CERTIFY THAT: I am employed by HHS; I will only be using TRANSHARE for my daily commute to and from work; I will not transfer the benefits to anyone else; I understand that I must surrender all parking permits to participate in the TRANSHARE 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.**

EMPLOYEE NAME	DATE
HOPE, BOB J	9/16/2009

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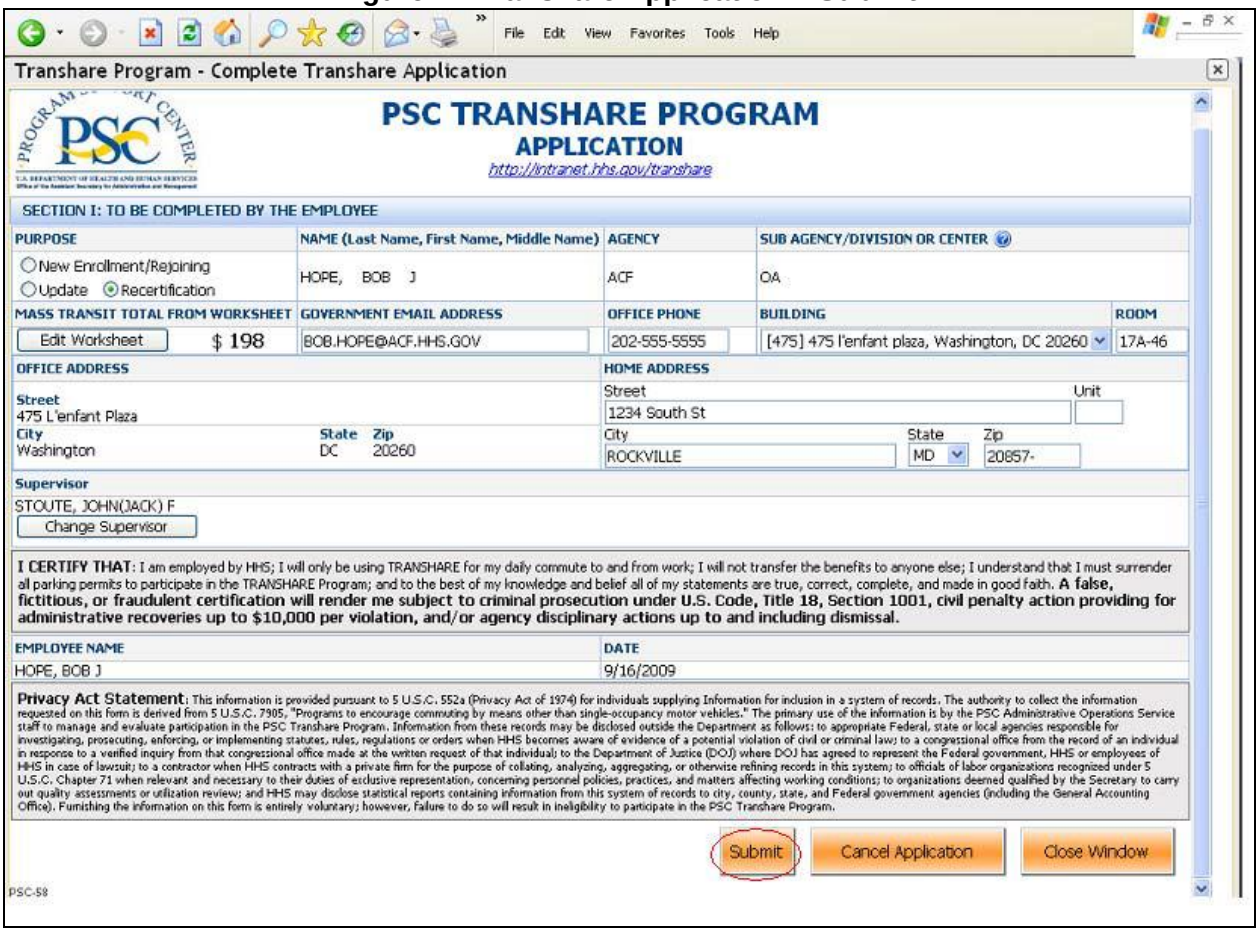
Submit | Cancel Application | Close Window

PSC-58

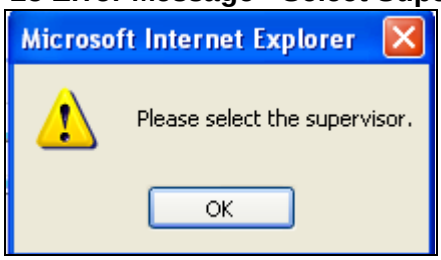
25 Review the completed application and click the SUBMIT button as shown circled below:

Figure 24 Transhare Application – Submit



*Note: If you do not select a Supervisor then the pop-up message below will appear. Click OK and return to Step 33.

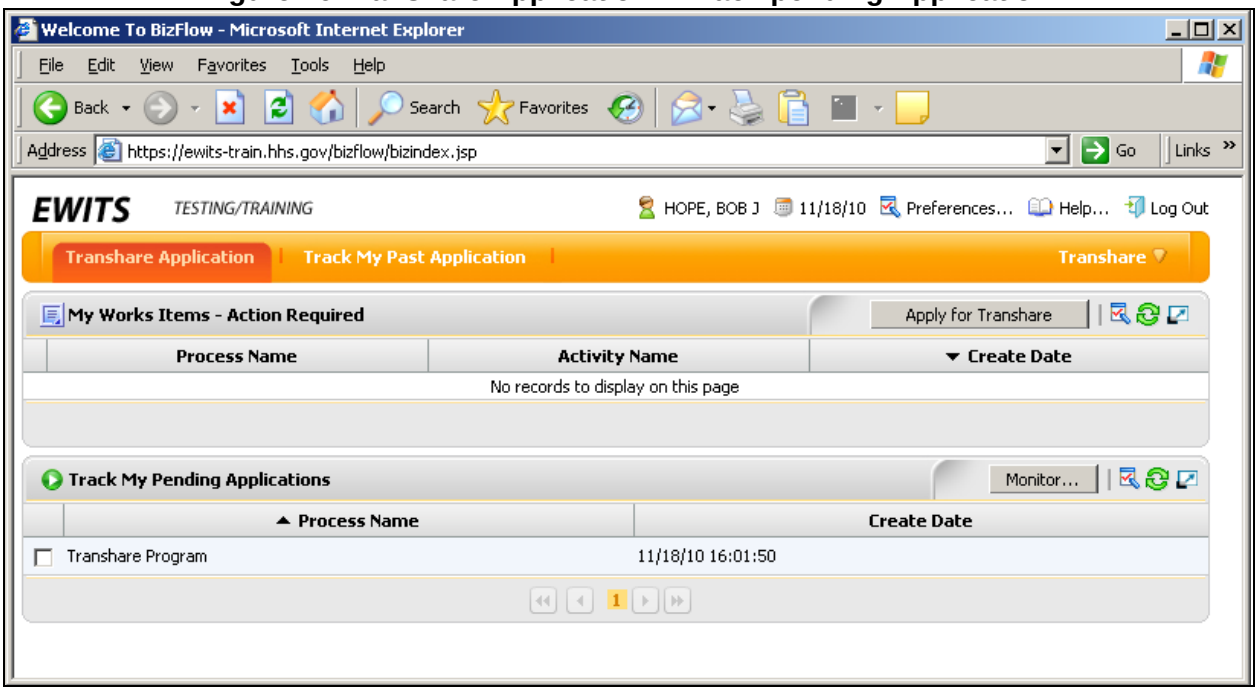
Figure 25 Error Message - Select Supervisor



26 You will see the screen below after the SUBMIT button has been clicked. The Transhare Application that was just submitted will appear under TRACK PENDING APPLICATIONS as

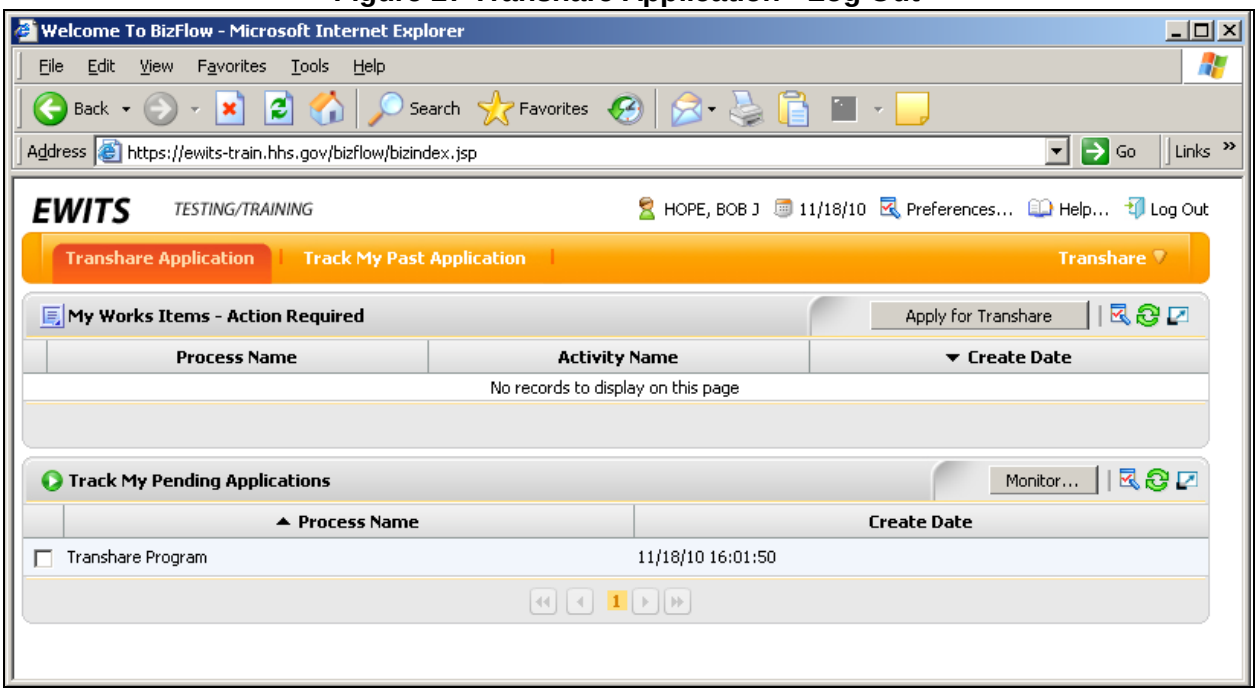
shown below by the red arrow. If your submitted Transhare application does not appear, click on the refresh icon.

Figure 26 Transhare Application – Track pending Application



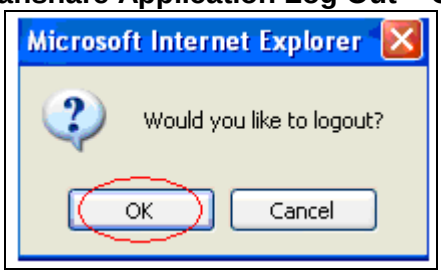
27 Log Out by clicking the LOG OUT button in the upper right of the screen as shown circled below:

Figure 27 Transhare Application - Log Out



28 When the dialog box below displays, click OK to completely log out of the EWITS application.

Figure 28 Transhare Application Log Out – Confirmation



29 You may now close your browser. Your application is electronically routed to the parties responsible for review and approval. If at any point your application is rejected, it will be returned to you with comments. If approved, the PSC Transhare Coordinator will send you an email informing you of your approval for Transhare benefits. The email will contain information related to the increase or decrease in benefits, if any, as well as information on how the benefits will be distributed.