

Department of the Navy  
Transportation Incentive Program System (TIPS)

*Outside the National Capital Region (ONCR)*

**Participant Quick Start Guide**  
Version 1.0



April 2013

Unclassified. Not approved for public distribution.



SSC Pacific  
San Diego, CA 92152-5001

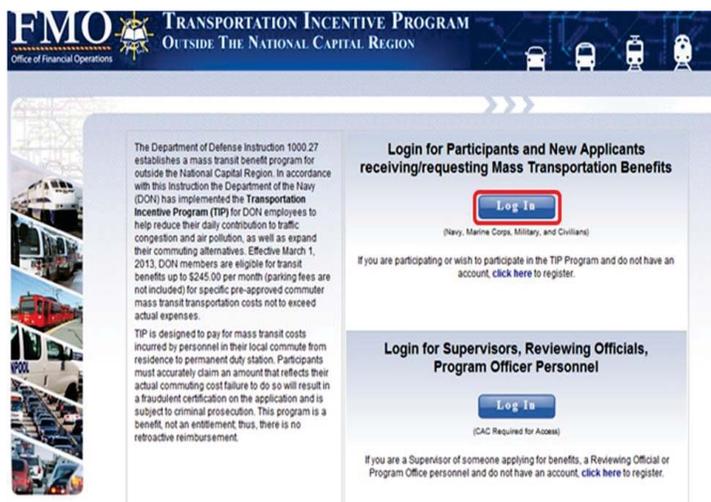
# 1 Introduction

This document is intended to be a quick reference to getting started with TIPS. For more information about using TIPS, see the TIPS Participant Guide.

## 2 Login to the TIPS Website

To get started with TIPS, you will need a CAC card.

- a. Go to: <https://tips.navy.mil> (Note: “https” is required in the web address.)



- b. On the TIPS Login Page, click the **Log In** button under the heading for Participants and New Applicants. A screen will appear where you will “Select Login Method”.
- c. Ensure the circle next to **Common Access Card (CAC)** is checked.



- d. If you have an account, click the **LOGIN** button.

- e. If you don't have an account, click the **Register for a New Account** link. A screen will appear where you will enter your new account information.

**Note:** the password must be at least 8 characters long and must contain at least 1 special character, 1 uppercase, 1 lowercase, and 1 number.

### 3 Pre-Enrollment Steps

The first time you log into TIPS, you will be required to provide your Command Information, including your Unit Identification Code (UIC), your Installation, and your RO.

**Command Information**

Is Your UIC Information Correct?

If the Command information below is not correct, please click on the **Find UIC** button to search for your correct Command.

**UIC:** N66001  
**Command:** SPAWAR System Center

**Installation:**  
 Select Installation

- a. Select the installation you're commuting to and the corresponding Reviewing Official (RO) and you will see a window displaying your Application Status (currently Not Enrolled), UIC and Reviewing Official (RO) information, and Commuting Costs and Status Request.

**Current Status**

**Application Status**

Applicant Information	UIC-Command Information	Reviewing Official
MORLEY, CHRISTINEA ✘ Not Enrolled	UIC: 00024 Command: NAVSEASYSCOM	Installation: NB Point Loma Reviewing Official: Doe, John M Phone: 619-555-5555 Ext: 123 Email: <a href="mailto:john.m.doe@example.com">john.m.doe@example.com</a>

**Commuting Costs**

You are not enrolled. You have not certified your actual mass transit commuting cost.

**Status Request**

Action	Request Description
<input type="button" value="Enroll"/>	To enroll, start a new enrollment application today.
<input type="button" value="Recertify"/>	You do not have an active application to recertify.
<input type="button" value="Change"/>	You do not have an active application to change.
<input type="button" value="Withdraw"/>	You do not have an active application to withdraw.

- b. Click the **ENROLL** button.

## 4 Enrollment Steps

Several steps will guide you through the enrollment process. If you have already submitted an application in the past but you're no longer enrolled, you must re-enroll from the beginning. The steps of the enrollment process are listed on the left side of each screen, with a checkmark by the steps as you complete them. Each step is a link to the process.

- a. **Applicant Information.** Enter or modify your personal information and edit other related information.

**Enrollment Steps**

- Eligibility ✓
- Privacy Act Statement ✓
- Ethics Training ✓
- Applicant Information
- **Supervisor Information**
- Organization Information
- Expense Worksheet
- Applicant Review
- Applicant Certification
- Completion

Your enrollment form will be saved every time you navigate to a different page.

**Point of Contact**

If you have any questions while filling out the application, please contact your Reviewing Official:

Test, John  
555-555-5555  
John.Test@example.org

**Update Personal Information**

If the below DEERS information is not correct, click this [link](#) to go to the DEERS website to update your data. Information will be populated in TIPS after the next data refresh.

**Personal Information**

First Name \* Christine  
Last Name \* Test  
Middle Name A  
Street 1 \* 123 Apple Street  
Street 2  
City \* Nowhere  
State \* CA - California  
Zip Code \* 55555  
Work Phone \* 619-555-5555 Ext:   
Work Email \* christine.test@example.org

**DEERS: Personal Information**

COPY ALL FROM DEERS

First Name: PERSON  
Last Name: TEST  
Middle Name:  
Street 1: 12345 Main Street  
Street 2:  
City: Nowhere  
State: California  
Zip Code: 92101-  
Work Phone: 555-555-5555  
Work Email: test.person@navy.mil

Close Enrollment Form    PREVIOUS    CONTINUE

- b. **Supervisor Information.** Enter information about your supervisor. Submit this form to your Supervisor for acknowledgement and approval.

**Enrollment Steps**

- Eligibility ✓
- Privacy Act Statement ✓
- Ethics Training ✓
- Applicant Information ✓
- **Supervisor Information**
- Organization Information
- Expense Worksheet
- Applicant Review
- Applicant Certification
- Completion

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Test, John  
555-555-5555  
John.Test@example.org

**Supervisor Information**

Your supervisor will be required to approve your employment, work schedule, and work location.

Last Name \* TEST  
First Name \* PERSON  
Work Phone \* 394-555-4782 Ext:   
Work Email \* test.person@example.com  
Confirm Email \* test.person@example.com

Close Enrollment Form    PREVIOUS    CONTINUE

- c. **Organization Information.** Enter, or modify if necessary, information about your work location, Command, Applicant Type, and your RO.

**Enrollment Steps**

- Eligibility
- Privacy Act Statement
- Ethics Training
- Applicant Information
- Supervisor Information
- Organization Information**
- Expense Worksheet
- Applicant Review
- Applicant Certification
- Completion

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555-555-5555  
John.Test@example.org

**Organization Information**

**Work Location**

Work Location Address: 12345 Test St  
(Enter address, building number, etc. of actual work location)

City: Nowhere

State: AL - Alabama

Zip Code: 99999

Temporary Dates: to

(Only populate if you are on a temporary assignment for more than 30 days and less than 1 year, i.e. TDY temporary hire)

**Command** Edit

UIC: N66001  
Command Name: SPAWAR System Center  
Major Command: SPAWAR

**Applicant Type**

Service Type: U.S. Navy

Personnel Type: Civilian

Adm.: Civilian

Appropriation: WCF

**Reviewing Official**

Installation: TIPS TEST Installation

Reviewing Official: Test, John

Phone: 555-555-5555

Email: John.Test@example.org

Close Enrollment Form PREVIOUS CONTINUE

- d. **Expense Worksheet.** Enter your work schedule, mode of transportation, and additional information then it will calculate and validate the data for you.

**Enroll in Program**

**Enrollment Steps**

- Eligibility
- Privacy Act Statement
- Ethics Training
- Applicant Information
- Supervisor Information
- Organization Information
- Expense Worksheet**
- Applicant Review
- Applicant Certification
- Completion

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555-555-5555  
John.Test@example.org

**Expense Worksheet**

Work Schedule - Enter your typical work schedule for a two week period. For civilian employees, the first Friday in the work schedule below is pay day Friday. If you typically have your regular day off on the same Friday that you get paid, please select RDO for Friday. If your regular day off is the Friday opposite of pay day, then select RDO for the second Friday in the schedule below.

Select your work schedule: 8/20 Work Week (regular schedule)

SUN	MON	TUE	WED	THU	FRI	SAT
RDO	9	NC	9	NC	NC	RDO
RDO	9	NC	9	NC	NC	RDO

NC = Non-Commuting RDO = Regular Day Off Pay Day

Select # of hours for Commuting days  
Select RDO for Regular Day Off to include weekend days that you are not scheduled to work  
Select NC for Non-Commuting days that you are scheduled to work (i.e. regular network, etc.)  
\*The maximum monthly allowance is \$16.00.  
If your projected monthly expense exceeds the maximum allowance, you are entitled to receive up to the maximum allowed amount only.

Mode of Transportation	Select Acceptance	Vendor	Name of Company	Frequency of Purchase	Cost	Total Monthly Expense
Select One	Select one	Select one		Daily		\$0.00

Additional Information

Enter any additional information or explanation regarding commuting practices, or work schedule.

Close Enrollment Form PREVIOUS CONTINUE

- e. **Applicant Review.** Review, and update if necessary, information entered so far.

**Enrollment Steps**

- Eligibility
- Privacy Act Statement
- Ethics Training
- Applicant Information
- Supervisor Information
- Organization Information
- Expense Worksheet
- Applicant Review**
- Applicant Certification
- Completion

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**Point of Contact**

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Test, John  
555-555-5555  
John.Test@example.org

**Personal and Work Location Information** Edit

Application Number: 32627

Current Status: Not Submitted

Personal	Work	Supervisor	UIC - Command	Reviewing Official
Test, Christine A 123 Apple Street Nowhere, CA 55555	Work 12345 Test St Location Address: City: Nowhere State: AL Zip Code: 99999 Work: 619-555-5555 Work: christine.test@example.org Email:	TEST, PERSON 394-555-4782 test.person@example.com	Service: U.S. Navy UIC: N66001 Command: SPAWAR System Center Name: Center Personnel Type: Civilian Appropriation: WCF	TIPS TEST Installation Test, John 555-555-5555 John.Test@example.org

**Commuting Costs** Edit

Work Schedule: 8/20 Work Week (regular schedule)

SUN	MON	TUE	WED	THU	FRI	SAT
RDO	10	NC	NC	NC	NC	RDO
RDO	10	NC	NC	NC	NC	RDO

Mode of Transportation	Name of Company	Frequency of Purchase	Cost	Total Monthly Expense
Rail to Work (commuter train, subway, or light rail)	Bus Company	Daily	4.00	\$16.00

Monthly Expense Allowance: \$16.00

Additional Information

Close Enrollment Form PREVIOUS CONTINUE

- f. **Applicant Certification.** Check the several "I certify that" statements that are displayed then click **Submit Application** to send the application to your Supervisor for approval.

**Enrollment Steps**

- Eligibility
- Privacy Act Statement
- Ethics Training
- Applicant Information
- Supervisor Information
- Organization Information
- Expense Worksheet
- Applicant Review
- **Applicant Certification**
- Completion

Your enrollment form will be saved every time you navigate to a different page.

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**Point of Contact**

If you have any questions while filling out the application, please contact your Reviewing Official:

Test, John  
555-555-5555  
John.Test@example.org

### APPLICANT CERTIFICATION

**Warning** This Certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United State Code 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal. Lost, damage, destruction, or theft of fare media shall be processed in accordance with Department of Defense Financial Management Regulation Volume 12, Chapter 7.

I certify that I am employed by the Department of the Navy (U.S. Navy or U.S. Marine Corps) and I am not a contractor.

I certify that this information is accurate and agree to notify the installation POC of any change to the information provided.

I certify that the monthly transit benefit amount reported on this site does not exceed my monthly commuting costs.

I certify that I will use this benefit for my daily commute to and from work and will not transfer it to another individual.

I agree to notify the installation POC should the fare amount and/or my ridership level increases/decreases.

I certify that upon transfer, separation, termination of employment or retirement/resignation, I will return any unused vouchers or outstanding debt to the installation POC.

I certify that the transit benefit I am receiving meets the criteria outlined in IRC 26 Section 132(f) as well as any further restrictions mandated by the DON.

## 5 Participant Screens

Once you have submitted an application, the first screen you see each time you log in will display “Current Status” and several links on the left.

**FMO**  
Office of Financial Operations

**TRANSPORTATION INCENTIVE PROGRAM**  
OUTSIDE THE NATIONAL CAPITAL REGION

Welcome PERSON TEST!

**Program Information**

- Eligibility
- Privacy Notice
- FAQs
- My Information**
- Current Status
- My Application
- Recertify Application
- Change Application
- Withdraw from Program
- Return Unused Fare Media
- Application History
- Review Ethics Training

**Current Status**

**Application Status**

<p><b>Applicant Information</b></p> <p>TEST_PERSON Date Enrolled: 02/14/2013  Enrolled</p>	<p><b>UIC-Command Information</b></p> <p>UIC: 00024 Command: NAVSEASYSCOM</p>	<p><b>Reviewing Official</b></p> <p>Installation: NB Point Loma Reviewing Official: Doe, John M Phone: 619-555-5555 Ext: 123 Email: john.m.doe@example.com</p>
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**Command Information**

UIC: 00024  
Command: NAVSEASYSCOM

Installation: NB Point Loma  
Reviewing Official: Doe, John M  
Phone: 619-555-5555 Ext: 123  
Email: john.m.doe@example.com

If you have any questions completing this application, please contact your Command TIP Reviewing Official shown above. Use the "Help" icon to find this information during the application process.

The Application Status at the top displays an applicant’s name, date, status, and UIC and RO information. A typical status is one of the following.

Status	Description
Not Submitted	Application has been created but not yet submitted for approval.
In Progress	Application has been submitted but is not yet approved.
Returned	Application has been returned to the applicant for updating.
Disapproved	Participation in the program is disapproved.
Approved	Application has been approved by Reviewing Official, but applicant is not yet enrolled.
Enrolled	Currently enrolled in the Transportation Incentive Program.