

**Department of the Navy
Transportation Incentive Program System (TIPS)**

Outside the National Capital Region (ONCR)

**Participant Quick Start Guide
Version 1.2**



June 2015

Unclassified. Not approved for public distribution.



SSC Pacific
San Diego, CA 92152-5001

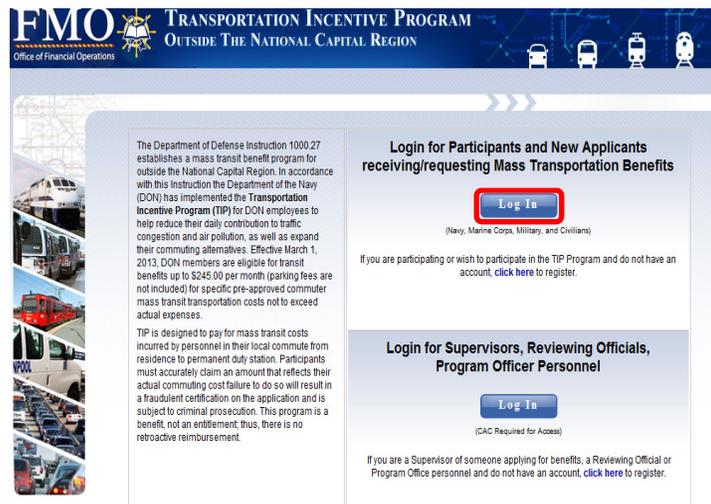
1 Introduction

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

2 Login to the TIPS Website

To get started with TIPS, you will need an account.

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



- b. If you have an account, click the **Log In** button.
- c. If you don't have an account, click the [click here](#) link under the log in button to register for an account. A screen will appear where you will enter your new account information.

The password you select must be at least 8 characters long and must contain at least 1 special character, 1 uppercase, 1 lowercase, and 1 number.

3 Enrollment Steps

Several steps will guide you through the enrollment process. 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. After completion of each step press the Continue Button to proceed to the next item for review/update.

- a. The system will display **Eligibility Requirements**.
- b. **Privacy Information** will be displayed for review.
- c. **Ethics Training** will be displayed. You must check each statement to acknowledge you have read and understood the statement. Once all have been checked the Continue Button will be enabled.
- d. **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 COPY ALL FROM DEERS **DEERS: Personal Information**

First Name * Christine | First Name: PERSON
 Last Name * Test | Last Name: TEST
 Middle Name * A | Middle Name:
 Street 1 * 123 Apple Street | Street 1: 12345 Main Street
 Street 2 | Street 2:
 City * Nowhere | City: Nowhere
 State * CA - California | State: California
 Zip Code * 55555 - | Zip Code: 92101-
 Work Phone * 619-555-5555 Ext: | Work Phone: 555-555-5555
 Work Email * christine.test@example.org | Work Email: test.person@navy.mil

Close Enrollment Form | PREVIOUS | CONTINUE

- e. **Supervisor Information**. Enter information about your supervisor. *Note: If your supervisor already has an account in TIPS, then the system will auto complete the supervisor's contact information. If your supervisor does not already have an account, you will need to complete the contact information fields. After you submit your application, the system will email account registration information to your supervisor. Please let them know so that they will watch for this email.*

Enrollment Steps

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

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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

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

Enrollment Steps

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

Organization Information

Work Location

Work Location Address: 12345 Test St
City: Nowhere
State: AL - Alabama
Zip Code: 99999

Temporary Dates: (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

UIC: N65001
Command Name: SPAWAR System Center
Major Command: SPAWAR

Applicant Type

Service Type: U.S. Navy
Personnel Type: Civilian
Admin: 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

- g. **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

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 travel, etc.)
The maximum monthly allowance is \$245.00.
If your projected monthly expense exceeds the maximum allowance, you are entitled to receive up to the maximum allowed amount only.

Mode of Transportation	Debit 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

- h. **Applicant Review.** Review, and update if necessary, information entered so far. Click on the Edit Button to edit the information to have entered.

Enrollment Steps

- Eligibility
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- 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

Application Number: 32627
Current Status: Not Submitted

Personal	Work	Supervisor	UIC - Command	Reviewing Official
Test, Christine A 123 Apple Street Nowhere, CA 55555	Work Location 12345 Test St Address: Nowhere City: Nowhere State: AL Zip Code: 99999 Work Number: 619-555-5555 Work Email: christine.test@example.org	TEST, PERSON 394-555-4782 Address: test.person@example.com	Service: U.S. Navy UIC: N65001 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

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

Close Enrollment Form | PREVIOUS | CONTINUE

- a. **Applicant Certification.** Check all “*I certify that*” statements that are displayed to acknowledge you have read and understand them. The Submit Application will only be enabled after you checked all the statements. 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 only save when you submit the application.

Point of Contact

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

Williamson, Donna J
619-553-1596
donna.williamson@navy.mil

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 States 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 local Reviewing Official 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 local Reviewing Official should the fare amount and/or my ridership level increase/decrease.

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

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.

I certify that if eligible, I will participate in a reduced fare program based on disability, age or other special programs offered by certain mass transportation providers.

Not Accept Submit Application

Close Enrollment Form PREVIOUS

4 Home

Once you have successfully submitted your application, the first screen you see each time you log in will display “Home Page”.

Home Help

Application Status

Applicant Information Dine, Barbara J Date Submitted: 06/09/2015 Enrollment Status: In Progress Recertification Date: 05/18/2015 Next Recertification Period: 1 June - 15 June	UIC-Command Information Major Command: 39 - SPAWAR UIC: NNNNNN Command: TIPS TEST Command	Reviewing Official Installation: TIPS TEST Installation Reviewing Official: Williamson, Donna J Phone: 619-553-1596 Email: donna.williamson@navy.mil
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Commuting Costs

Monthly Expense Requested

Your application is in progress. Your mass transit commuting costs is pending approval.

Status Request

Action	Request Description
<input type="button" value="Enroll"/>	You cannot enroll when you have an application in progress.
<input type="button" value="Recertify"/>	You cannot recertify your application when it is in progress.
<input type="button" value="Change"/>	You cannot change your application when it is in progress.
<input type="button" value="Suspend"/>	Based on your current application status, please contact your Reviewing Official for further assistance.
<input type="button" value="Withdraw"/>	Withdraw from Transportation Incentive Program (TIP).

Vanpool Management - Current Vanpool Registrations

Active Vanpools

There are no active vanpools to display.

Inactive Vanpools

<input type="button" value="View"/>	<input type="button" value="Continue"/>	Active Status: Not Approved Inactive	Registration Status: Not Submitted Vanpool Name: test
<input type="button" value="View"/>	<input type="button" value="Reactivate"/>	<input type="button" value="Upload"/>	Active Status: Not Approved Inactive
			Registration Status: Approved Vanpool Name: Donna Test #100

Home sidebar:

- Home
- My Information
- My Application
- Withdraw from Program
- Application History
- Application Help
- Help FAQs
- Help POCs
- Reset Login Password
- Reset Login Username
- Vanpool Management
- Vanpool Coordinator Guide
- My Registered Vanpools
- New Vanpool Registration
- Vanpool Information
- Program Information
- Eligibility
- Privacy Notice
- User Guide
- Newsletter
- FAQs
- Point of Contact

If you have any questions regarding the application, please contact your Reviewing Official:

Williamson, Donna J
619-553-1596
donna.williamson@navy.mil