Monthly Passenger Commuting Notification Form

For the Month of:	/Year:
Name of Authorized Employee Dr	iver: Printed Name
Title:	Facility/Unit:
Make/Model/Tag # of Vehicle:	
The following agency employee(s) rode to or from work as a passenger in a state vehicle:	
Name of Passenger Empl ID Date (mon	Transported Facility/Unit # of One-Way Trips th/day/year)
Signature of Driver: Signature of Supervisor:	Date: Date:

Supervisor Distribution: Central Human Resources unit by the fifth working day of the month. Human Resources unit Distribution: Copy to affected employee(s)

Note: Passengers listed on this form will incur a non-cash taxable benefit of \$1.50 per commuting trip between home and work. FICA will be withheld from the paycheck on this benefit; however, no state or federal tax will be withheld.