Monthly Passenger Commuting Notification Form

For the Month of: _____/Year: _____

Name of Authorized Employee Driver: _____
Printed Name

Title: _____ Facility/District/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 Transported (month/day/year)	Facility/District/Unit	# of One-Way Trips

Signature of Driver: _____ Date: _____
Signature of Supervisor: _____ Date: _____

Supervisor Distribution: Central Human Resources Unit by the 5th 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.