Monthly Passenger Commuting Notification Form

For the Month of:	/Year:	
Name of Authorized Employe		
	Printed Name	
Title:	Facility/Unit:	_
Make/Model/Tag # of Vehicle	e:	
The following agency employ	yee(s) rode to or from work as a passenger in a state vehic	:le
Name of Passenger Empl ID	Date Transported Facility/Unit # of One-Way Trips (month/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.