

MOTOR VEHICLE USE PROGRAM DRIVER NOTIFICATION

Employees are to use this form to notify their supervisor of activities that may affect their eligiblity to operate a motor vehicle for state business.

Employee Information						
Employee Name		Employee ID				
Work Unit		Frequency of driving on state business				
			Weekly or more often			
	Sele	Select all that apply)				
I received a traffic citation while driving on state business						
Date Received						
Charge						
I was involved in an on-the-job accident while driving on state business						
Date of accident						
Any injuries?	🗌 Yes 🗌 No	Ar	ny property dama	ge?	🗌 Yes 🗌 No	
My driver's license has been (select one)						
Suspended Revoked Expire			Date of Action			
I was charged with the following (select all that apply)						
 Driving Under the Influence Driving While Intoxicated Date of Charge Leaving the Scene of an Accident Refusal to take a Chemical Test for Intoxication Aggressive Driving* Exceeding the Speed Limit by more than 19 mph* 						
* Only if conviction would result in more than 10 points accumulated on the driving record.						

I understand that this notification may affect my eligibility to drive on state business. I may be required to view a driver safety video and successfully complete a defensive driving course, and I may be subject to other appropriate action.

Signature

Date