# MOTOR VEHICLE USE PROGRAM

## DRIVER NOTIFICATION

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

<table>
<thead>
<tr>
<th>Employee Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name</td>
</tr>
<tr>
<td>Employee ID</td>
</tr>
<tr>
<td>Work Unit</td>
</tr>
<tr>
<td>Frequency of driving on state business</td>
</tr>
</tbody>
</table>

- Weekly or more often
- Infrequently

### Reported Activity (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
  - Any property damage? [ ] Yes [ ] No

- [ ] My driver’s license has been (select one)
  - [ ] Suspended
  - [ ] Revoked
  - [ ] Expired
  - 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

3/2008

RMS101 Form-2