

Commuting Onboarding & Offboarding Request:

This form is to request permission to commute in an "agency-owned" vehicle. To commute in an MFM owned vehicle, complete the FM-30 Individual Assignment new application on the MFM website. Return this form to motorfleet@doa.nc.gov.

Agency & Driver Information:

Agency Name:
Division Name:
Driver Name:

Vehicle Information:

Owner:
Year:
Make:
Model:
License Plate #:

Justification of Request:

Agency Fiscal:

For this driver, indicate the commuting reimbursement amount, the IRS Commuting Rule, the Beacon Payroll Reimbursement Type, and the reimbursement start date.

Amount: Rule: Type: Date:

Fiscal Representative: _____
Print *Sign* *Date*

Driver Commuting Request:

I hereby request authorization to commute in the above vehicle. I am exempt from reimbursement or I permit the cost of this commuting to be deducted from my pay beginning on the first working day of _____.

Driver Authorization: _____
Print *Sign* *Date*

Agency Authorization:

Agency Head/Designee: _____
Print *Sign* *Date*

The Agency portion of this form is complete. Forward to motorfleet@doa.nc.gov for DOA approval.

Department of Administration

DOA Authorization:

Agency Head/Designee: _____
Print *Sign* *Date*

Once signed by DOA, MFM will return the commuting approval to the Agency CFO, Agency Fleet Coordinator, and Driver

Commuting Offboarding: I wish to terminate my commuting privileges in the above vehicle and request a stop to my payroll deductions effective the last working day of _____.

Driver Authorization: _____
Print *Sign* *Date*

Agency Authorization: _____

Forward one copy to Agency CFO, Agency Fleet Coordinator and motorfleet@doa.nc.gov