

## 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
	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 ☐ Expi	red Date of Action
☐ I was charged with the following (select all that apply)	
<ul> <li>Driving Under the Influence</li> <li>Driving While Intoxicated</li> <li>Date of Charge</li> <li>Leaving the Scene of an Accident</li> <li>Refusal to take a Chemical Test for Intoxication</li> <li>Aggressive Driving*</li> <li>Exceeding the Speed Limit by more than 19 mph*</li> </ul>	
* 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

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