



Request and Authorization for Home to Work Transportation

AGENCY:			DATE OF REQUEST:		
ORGANIZATIONAL UNIT:					
OCCUPATION OR TITLE:					
RESIDENT ADDRESS:					
WORK LOCATION:					
DISTANCES TRAVELED FROM:					
a. Residence to Office		b. Residence to nearest work location		c. Daily tour of duty - Give each location starting with first departure (Home or office, plant, establishment, etc.) and mileage between each point	
REASON FOR HOME TO WORK TRANSPORTATION:					
<div><input type="checkbox"/> a. An immediate or imminent clear and present danger presents a threat to the physical safety of the employee's person or property. (Describe.)</div> <div><input type="checkbox"/> b. An emergency has created an immediate, unforeseeable temporary need to provide home-to work transportation in order to guarantee uninterrupted performance of the agency's mission. (Describe the nature of the emergency and the role of the employee to the agency's mission.)</div> <div><input type="checkbox"/> c. Compelling operational considerations make the provision of home-to-work transportation essential to the conduct of official business or would substantially increase the agency's efficiency or economy. (Describe the circumstances and/or explain how other available alternatives would involve substantial additional costs to the Government or expenditures of employees time.)<div><input type="checkbox"/> 1. Stationed at a field point with no office and normally proceed directly from residence to varying points of duty.</div><div><input type="checkbox"/> 2. Stationed at a field point with office, but normally proceed directly from residence to varying points of duty.</div><div><input type="checkbox"/> 3. Frequently required to depart on, and return from, field trips at unusually early or late hours, during which the use of public transportation or services are not available or reasonable.</div><div><input type="checkbox"/> 4. Engaged in law enforcement duties</div><div><input type="checkbox"/> 5. Storage of vehicle at residence due to economical or security reasons.</div></div> <div><input type="checkbox"/> d. Field work.</div> <div><input type="checkbox"/> e. Residence is permanent Official work location.</div>					
DESCRIPTION:					
AUTHORIZATION PERIOD:					
From:			To:		
VEHICLE IDENTIFICATION					
<input type="checkbox"/> Agency-Owned		Type of vehicle (Unit, VIN)			
<input type="checkbox"/> Rental					
CERTIFICATION					
I CERTIFY that the above information is true and correct to the best of my knowledge. I will not use this vehicle at any time for my personal convenience or permit others to do so. When parked at or near residence, vehicle will be kept locked and every precaution taken to guard it against damage or theft, etc. I understand that use of this vehicle for other than official purposes makes me subject to corrective actions as outlined in IAC 11-103.6, IAC 11-103.8 and IAC 11-103.12.					
SIGNATURE OF EMPLOYEE			DATE SIGNED		
Approved		Approval Signature			
<input type="checkbox"/> Yes		Title			
<input type="checkbox"/> No		Date Signed			
Explain Disapproval					
This authorization is not transferable. A new application must be submitted whenever the circumstances, as stated above, change to such an extent as to make continued authority questionable. Fleet Services should be notified immediately when for any reason (such as transfer, separation, etc.) this authority is no longer required.					