

## Commuting Fringe Benefit Acknowledgement

A county owned or leased vehicle has been assigned to me for use on county business. *I understand that I am not authorized to use this vehicle for personal purposes other than commuting.* 

Check one of the following:	
vehicle, \$1.50 per one way commute, wi biweekly basis. This fringe benefit valemployees on a five day work schedule of day schedule) will begin on and contact the schedule.	lations, the value of my commuting use of the II be added to my gross taxable wages on a uation of \$ (\$30 per pay period for \$24 per pay period for employees on a four ontinue until my department head notifies the that I am no longer assigned a vehicle for
For leave periods of a week or longer during which the vehicle is not in my custody but has been returned for general use or reassigned, I may suspend the above valuation by so indicating on the Biweekly Exception Report that records the leave taken.	
I commute in a vehicle that qualifies under IRS regulations as tax-exempt (e.g. qualified specialized utility repair truck for emergency call outs, vehicle designed to carry cargo with a loaded gross vehicle weight over 14,000 pounds).	
Type of Vehicle:	
Commutes to:  Home Staging Area	(identify location)
Employee Name Printed	Employee Signature / Date
Justification to Commute: (use back of paper or attach additional pages as needed):	
Department Director Signature	Date
County Administrator Signature	Date