Trust • Excellence • Service

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 ☐ 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