

**REQUEST FOR REFUND
OF
STATE MOTOR VEHICLE COMMUTING FEE**

Background

Drivers who have paid commute charges may be eligible to receive a refund under the following conditions:

- (1) Absence from work: If the driver has been absent from work on State holidays or leave (i.e., sick, annual, personal or leave without pay) or any combination thereof, in excess of five (5) consecutive normal working days, that driver may be eligible to receive a refund of commute charges paid. The refund shall only be calculated for those days absent in excess of five (5) consecutive working days. The refund shall be calculated on a per diem basis.
- (2) Change in amount of commute zone: a driver may be eligible for a refund if the driver has moved and this move has resulted in reduction of commute miles which in turn changes the commute zone rate. The driver shall be reimbursed for the difference between what was paid and what should have been paid at the time the change becomes effective until the time the change is reflected in the payroll deduction.
- (3) A driver may be eligible for a refund if the state vehicle is no longer assigned to the driver or a change in the driver's work assignment results in an exemption. The refund shall be calculated on a per diem basis not to exceed the amount actually withheld for that period. (State Fleet Policies and Procedures manual 6.04.03)

Employee Information

Employee Name _____

Social Security Number _____ Vehicle Tag # _____

Period of time vehicle not assigned to you: From ____/____/____ To ____/____/____

Refund Calculation

- A. Total Work Days _____
- B. Less Five Day exclusion ___-5___ (Not applicable if vehicle permanently reassigned)
- C. Net work days for refund _____
- D. Bi-Weekly Fee _____ 10 = _____.
- E. Amount of refund claimed (C. x D.) = _____

Date _____ Employee Signature _____

UNIT HEAD APPROVAL

Employee claim above is correct and approved.

One-way distance from employee home is _____ miles.

Exemption claimed () Yes. (See attached DHMH 3214). No ()

Vehicle was reassigned to _____

SS # _____ From ____/____/____ To ____/____/____

Date _____ Unit Head Signature _____