

Appendix D

Form CR - 09/11

COMMUTING AUTHORIZATION REQUEST FORM

State of Mississippi
Department of Finance and Administration
Bureau of Fleet Management

To: Bureau of Fleet Management
501 North West Street
701 Woolfolk Building, Suite A
Jackson, MS 39201

Instructions:

Agencies are required to submit this form to the BFM for all commuting assignments as defined by section 4.103 of the State Fleet Manual. The Agency Director's signature is required. Submit completed form to the address listed above.

Employee Information
Add Change
Assignment: Commute Law Enforcement
Asset Number
Employee Name & Job Title
Agency/Department
Employee Residence (Home Address)
Projected Annual Business Miles
Projected Annual Commute Miles

Agency Director Signature

On letterhead of the agency or institution, describe the compelling benefit to the State justifying this commuting assignment. This justification must include a cost analysis showing savings benefits to the State. See Commuter Mileage Calculator Appendix I), available at http://www.dfa.state.ms.us/Purchasing/Fleet/CommuterMileageCalculator2011.xls . If this assignment is for Law Enforcement, provide the supporting documentation (Law Enforcement Certificate) evidencing the intended user is a law enforcement agent as defined in Section 45-6-3 of the Code.