# Commuting Payroll Deduction

|  |  |
| --- | --- |
| City Car #: |       |
| Agency Name & Number: |       | #: |       |
| Employee’s Name: |       |
| Home Address: |       |
| Normal Work Location: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FIELD WORKER:\* |  |  | NON FIELD WORKER: |
|  |       | Round trip miles from home to work each day |  |  |       | Round trip miles from home to work each day |
| x | .70/mile |  |  | x | .70/mile |  |
| x | 180 days/year |  |  | x | 240 days/year |  |
| ÷ | 12 months |  |  | ÷ | 12 months |  |
| = | 0.00 | **Monthly Deduction** |  | = | 0.00 | **Calculated Monthly Deduction\*** |
|  | \*A field worker is a worker who spends a significant amount of time outside of the primary office and/or is subject to call-in outside of normal work hours. Determination of this designation is to be made by the Department or Division head. |  |  | 40.00 | **Actual Monthly Deduction** |
|  |  |  | (enter larger of calculated deduction or $40) |
|  | **Department/Division Head Approval:** |  | **\*Minimum monthly deductions are $40.** |
|  |   |  |  |

## Payroll Deduction

## Authorization Statement

[ ]  I authorize the Finance Director to deduct an amount from my paycheck in accordance with the City of Madison reimbursement policy for the daily use of a City vehicle to drive back and forth from work to home. Effective       my payment is $       / month.\*

[ ]  I am exempt from payment because I meet the waiver requirements in APM #2-13. (Attach memo from Dept./Div. Head.)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

\*The effective date is the date you did or will begin taking the car home.