# Commuting Payroll Deduction

# for Police Employees

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

|  |  |  |
| --- | --- | --- |
|  |  | Round trip miles from home to work each day |
| x | .67/mile |  |
| x | 220 days/year |  |
| ÷ | 12 months |  |
| = | 0.00 | **Monthly Deduction** |

## 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 $ 0.00 / 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.