

TRAVEL SUBSIDY ACKNOWLEDGEMENT AND UNDERSTANDING

I, _____ acknowledge I have read and understand the DOC Pay plan addendum providing compensation to employees working in areas impacted by natural resource development.

I understand by requesting this discretionary pay I may be eligible for a monthly travel subsidy to help offset the cost of traveling to my office or facility if my residence is at least 15 miles (one way) from my worksite. I may receive 15¢ per mile to assist in driving to and from work, up to \$230.77 per pay period.

Specifically, I understand by requesting this discretionary pay I am responsible for:

1. Certifying that I live at least 15 miles from my office or facility.
2. Understanding the method to determine mileage will be the most direct route from my primary residence to my office or facility.
3. Notifying my supervisor immediately if I plan to move, as this would impact my travel subsidy amount or eligibility status.
4. Reimbursing my employer all funds provided for in which I am no longer eligible, in the event I fail to notify my supervisor I have moved less than 15 miles from my office or facility.
5. The tax liability associated with my travel subsidy.

I also understand that approved travel subsidies will be added to my bi-weekly paycheck and will be based on the number of days I report to work per pay period. Once my initial request has been received it will be processed in the first available bi-weekly pay cycle, as long as the initial request is made prior to the payroll cutoff date for that bi-weekly payroll cycle.

Documentation of mileage request:	
Facility/Program Address: _____	Home Address: _____
_____	_____
Daily Reimbursement: _____ (Round trip .15¢ per mile for days worked)	Supervisor Approval: _____

By signing below, I certify that I live at least 15 miles from my work location, I have read and understand the Pay Plan Addendum and understand my responsibilities associated with receiving a travel subsidy. Intentional falsification, failure to notify my supervisor of changes, or failure to reimburse my employer for funds I should not have received for these reasons may subject me to discipline, up to and including termination.

Signature

Date