

**Commuting Authorization Form**  
**Colorado State University**  
Fort Collins, Colorado 80523

A. EMPLOYEE INFORMATION/REQUEST – PLEASE PRINT  Add New  Change (CIRCLE CHANGES)

Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Control Employee:  Yes  No  
(Salary more than \$143,500 - if YES contact University Tax Office for instructions)

Verified Valid Driver's License:  Yes  No Job Function: \_\_\_\_\_  
(e.g. Inspector, Park Ranger, Compliance Officer, etc.)

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Section/Troop: \_\_\_\_\_

Official Work Station Address: \_\_\_\_\_  
(If home or state vehicle is office, indicate none)

Daily Commute Miles \_\_\_\_\_ (If no official work station indicate "Varies" and provide estimate of average if possible).

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

B. EMPLOYEE AGREEMENT: I hereby request authorization to commute between my official duty station and my residence in a state-owned vehicle. I understand that unless I qualify for non-taxable commuting, income will be imputed into my payroll and I will be personally responsible for any income taxes that result. The amount imputed will be consistent with IRS "Fringe Benefit" rules as described in IRS publication 15b. My signature authorizes the imputed income. I also understand that the use of a state-owned vehicle is for official business purposes only and may not be used for personal purposes. I also understand that use of this vehicle is for benefit to the State, any other benefit to the individual is ancillary to that benefit.

1. This request is based on a requirement of my job and the department for which I work. Authorization to commute is consistent with Rules published by CSU Transportation Services for commuting and state vehicle operation. My signature affirms that I have read and understand these rules and my responsibilities.

2. Check one of the following:

I am subject to imputed income as a fringe benefit. (Taxable Commuting)

I fit the IRS and Colorado Statutory definition of a peace officer (Non—Taxable Commuting).

I hereby attest that I qualify for non-taxable commuting because (EXPLANATION REQUIRED):

I only drive a vehicle(s) defined as "Qualified Non-Personal Use Vehicle" by the IRS.

Explain Why: (Attach supporting documentation, if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Commute Begin Date: \_\_\_\_\_ End Date (if applicable) \_\_\_\_\_

Employee/Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. AUTHORIZATION: By requiring and authorizing this employee to commute you are confirming the employee's status is accurately described above and in the case of Non-Qualified Personal use vehicles that the employee will only commute in a vehicle so defined.

Administration Approval: X \_\_\_\_\_ Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR TAXABLE COMMUTING ONLY:

Amount of income imputed in monthly payroll will be \$1.50 per one-way commute x 20 days = \$60.00 per month. (non-control employees only)

Payroll Officer: X \_\_\_\_\_ Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
(ONLY NECESSARY IF TAXABLE COMMUTING IS AUTHORIZED)

Payroll Begin Date: \_\_\_\_\_ Payroll Officer Phone Number: \_\_\_\_\_

\*\*Please refer to the Colorado State University Commuting Policy for further information. See also:  
1 CCR 103-1 and §24-30-1113, C.R.S.\*\*