

<b>REQUEST AND AUTHORIZATION FOR HOME TO WORK TRANSPORTATION</b>	1. AGENCY
	2. ORGANIZATIONAL UNIT
3. NAME OF EMPLOYEE	4. OCCUPATION OR TITLE
5. RESIDENT ADDRESS	6. OFFICIAL STATION

**7. DISTANCES TRAVELED FROM:**

- a. Residence to Office. \_\_\_\_\_
- b. Residence to nearest Government or Commercial storage facility offering service during required hours. \_\_\_\_\_
- c. Daily tour of duty - Give each location starting with first departure (*Home or office, plant, establishment, etc.*) and mileage between each point.  
i.e. Home to FSC-3 mi., FSC to field station - 10 mi., Field station to TSO - 4 mi.

**8. REASON FOR HOME TO WORK TRANSPORTATION**

- a. An intermediate or imminent clear and present danger presents a threat to the physical safety of the employee's person or property. (*Describe.*)
- b. An emergency has created an immediate, unforeseeable temporary need to provide home-to-work transportation in order to guarantee uninterrupted performance of the agency's mission. (*Describe the nature of the emergency and the role of the employees to the agency's mission.*)
- c. Compelling operational considerations make the provision of home-to-work transportation essential to the conduct of official business or would substantially increase the agency's efficiency or economy. (*Describe the circumstances and/or explain how other available alternatives would involve substantial additional costs to the Government or expenditures of employee time.*)
  - (1) Stationed at a field point with no office and normally proceed directly from residence to varying points of duty.
  - (2) Stationed at a field point with local office, but normally proceed directly from residence to varying points of duty.
  - (3) Frequently required to depart on, and return from, fields trip at unusually early or late hours, during which the use of public transportation or services of other storage facilities are not available or reasonable.
  - (4) Engaged in law enforcement duties under 31 U.S.C. 1344.
  - (5) Storage of vehicle at residence due to economical or security reasons.
- d. Field Work
- e. Residence is permanent Official Duty Station.

DESCRIPTION:

**9. AUTHORIZATION PERIOD**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**10. VEHICLE IDENTIFICATION**

- Owned  Leased
- Type of vehicle (*Describe: i.e., sedan, truck, etc.*) \_\_\_\_\_

**11. CERTIFICATION (See Privacy Act Statement)**

I CERTIFY that the above information is true and correct to the best of my knowledge. I will not use this vehicle at any time for my personal convenience or permit others to do so. When parked at or near residence, vehicle will be kept locked and every precaution taken to guard it against damage or theft, etc. I understand that use of this vehicle for other than official purposes makes me subject to suspension without pay for a period of not less than one month or to removal summarily from office as provided in 31 U.S.C. 1349(b).

SIGNATURE OF EMPLOYEE	DATE SIGNED
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**12. RECOMMENDATION**

APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE	TITLE	DATE
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**13. AUTHORIZATION**

APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN DISAPPROVAL	
SIGNATURE	TITLE	DATE

This authorization is not transferable. A new application must be submitted whenever the circumstances, as stated above, change to such as extent as to make continued authority questionable. The approving officer should be notified immediately when for any reason (*such as transfer, separation, etc.*) this authority is no longer required.