

MEMORANDUM

To: PERSONNEL MANAGEMENT LIAISONS

Date: July 16, 1993

Reference Code: 93-46

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Employee Transportation Coordinators  
Accounting Officers

From: Department of Personnel Administration

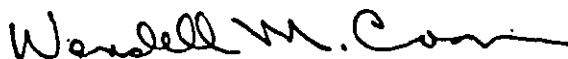
Subject: Vanpool Driver Payment Program

As you know, HR 776, the Comprehensive National Energy Policy Bill, revised the Internal Revenue Code last year to permit employers to provide their employees with a tax-free benefit of up to \$60 per month for transit passes, vanpooling, and carpooling. The State now provides a \$50 per month vanpool subsidy which is subject to these provisions.

The State Controller's Office has informed us that to qualify for the tax-free vanpooling benefit, vanpool drivers must certify that: 1) the van's seating capacity is at least six adults (not including the driver); 2) at least 80 percent of the vehicle's mileage use is for purposes of transporting employees in connection with travel between their residences and their place of employment; and 3) trips during which the number of employees transported for such purposes is at least 50 percent of the adult seating capacity of such vehicle (not including the driver).

Please note that the Vanpool Driver Payment Form has been revised to incorporate this certification. Please see that each eligible vanpool driver completes and signs the revised form. This form should be maintained within your agency in the same manner as the previous Vanpool Driver Payment Form.

If you have any questions, please contact Sydney Perry at (916) 445-9244 or ATSS 485-9244.



Wendell M. Coon, Chief  
Policy Development Office

Attachment



**STATE OF CALIFORNIA  
VANPOOL DRIVER PAYMENT FORM**

To qualify for the vanpool driver payment program established by Executive Order D-73-88, all of the conditions prescribed below must be met. To certify this, initial each condition in the space provided; also provide and initial the other information requested. In addition, read and sign the statement at the bottom of the form.

- |   | Initial        |
|---|----------------|
| 1. I am a State employee and commute in a van that regularly carries _____ passengers to and from work. (To qualify, the van must have 7 to 15 regular passengers.) The van has operated since _____. | _____          |
| 2. The license number of the van is _____.  | _____          |
| 3. The owner of the van is _____.   | _____          |
| 4. I am either the: [initial 4(a) or 4(b)]<br><br>(a) only regular driver of the van or<br>(b) the driver of the van who is also the van coordinator  | _____<br>_____ |
| I have been 4(a) or 4(b) since _____.   |                |
| 5. To the best of my knowledge, I will be the only participant in my vanpool receiving the \$50 payment under this program.   | _____          |
| 6. The attached roster of the participants in my vanpool is current and correct.  | _____          |
| 7. I possess a currently valid California driver's license.<br>(CDL # _____)  | _____          |
| 8. I possess a valid medical certificate, as required to operate the van by the Vehicle Code. ( <u>For vans that carry 10 or more passengers.</u> )   | _____          |

For Non-State Vans

- |  |       |
|--|-------|
| 9. To the best of my knowledge, the van is in safe operating condition.  | _____ |
| 10. The van is covered by an insurance policy that provides at least the minimum liability coverage required by law. (It is also recommended that employees consult with their insurance carriers regarding the need for additional liability coverage.) | _____ |



IRS Certification

11. I certify that the seating capacity is at least six adults (not including the driver), at least 80 percent of the vehicle's mileage use is for vanpooling between employee residences and work, and the minimum number of adults riding in the van during such trips is at least 50 percent of this van's capacity.

I am a vanpool driver by personal choice and do not regard van driving as a work assignment by my employer. I certify that my responses to this form are true and correct and will notify my personnel office within 15 days of any changes in the above information. I understand that failure to meet any one or more of the conditions for the program will make me ineligible to receive the vanpool driver payments. I further understand that I will be obligated to return any improperly received payment and that any purposeful misuse of this program is cause for disciplinary action.

Collective Bargaining Designation (CBID)

Employee Signature

Date

Home Address

Telephone Number

Work Address

Telephone Number





