



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #115 A2**

MOTOR VEHICLE USE

DRIVER NOTIFICATION

Employees must use this form to notify their supervisor of any activities that may impact eligibility to operate a motor vehicle for state business. Adapted from DOAS RMS101-2.

Employee Information			
Employee Name		Employee ID	
Work Unit		Frequency of Driving <input type="checkbox"/> Weekly or More Often <input type="checkbox"/> Infrequently	
Reported Activity (Select All That Apply)			
<input type="checkbox"/> I received a traffic citation while driving for state business purposes on behalf of DHS			
Date Received			
Charge			
<input type="checkbox"/> I was involved in an on-the-job accident while driving for state business purposes on behalf of DHS			
Date of Accident			
Any Injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any property damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My driver's license has been (Select One)			
<input type="checkbox"/> Suspended	<input type="checkbox"/> Revoked	<input type="checkbox"/> Expired	Date of Action
<input type="checkbox"/> I was charged with or convicted of the following: (Select All That Apply)			
Date of Charge:			
<input type="checkbox"/> Driving Under the Influence			
<input type="checkbox"/> Leaving the Scene of An Accident			
<input type="checkbox"/> Refusal to Take Chemical Test for Intoxication			
<input type="checkbox"/> Aggressive Driving*			
<input type="checkbox"/> Exceeding the Speed Limit by More Than 19 MPG*			
*Only if conviction would result in more than ten (10) points accumulated on the driving record			

- I understand that this notification may impact my eligibility to drive for state business purposes on behalf of DHS.
- I understand that I may be required to view a driver safety video and successfully complete a defensive driving course, and may be subject to other appropriate disciplinary action.

Signature

Date