

## WORK SUPPLEMENTAL INFORMATION SHEET

**A separate Work Supplemental Information Sheet is required for each employer.**

<b>NAME:</b> _____		
_____	_____	_____
Last name		First Name Middle Initial
<b>NAME OF EMPLOYER:</b>		<b>OCCUPATION:</b>
<b>ADDRESS OF EMPLOYER:</b> (include mailing and physical address)		
<b>REQUESTED DRIVING HOURS:</b> Please indicate the earliest time you leave your residence and the latest time that you would return to your residence at the end of your day:		
<input type="checkbox"/> <b>Not applicable due to shift work</b> (see next page)		
Day	Earliest	Latest
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
<b>DRIVING REQUIREMENTS:</b> (check all that apply) *II - Ignition Interlock Device		
<input type="checkbox"/> Driving to/from home to work	<input type="checkbox"/> Company vehicle(s) have a logo	
<input type="checkbox"/> Driving in the course of employment	<input type="checkbox"/> *II can be installed in the Company vehicle	
<input type="checkbox"/> Only drives company vehicles at work	<input type="checkbox"/> Request for *II exemption in work vehicle	
<input type="checkbox"/> Able to take company vehicle home	<input type="checkbox"/> 24 hours per day / 7 days per week	

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION INCLUDING:**

- What other alternatives do you have for transportation? Why do these alternatives not work for you?
- If you checked N/A in Requested Driving Hours, please describe the shift rotation schedule and hours you need to drive.
- If you indicated the need for 24 hours per day/7 days per week, please provide additional and detailed information on why this request is absolutely necessary.

**Please note, if you have requested an \*Il exemption for work purposes, you must complete the Request for Ignition Interlock Exemption Form.**