



**Washington State  
Department of Transportation**

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# **Fleetrider Program Manual**

**M 3044.04**

**October 2019**

**Public Transportation Division**

## **Americans with Disabilities Act (ADA) Information**

### **English**

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## ***Acronyms and Abbreviations***

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CTR	Commuter Trip Reduction
IRS	Internal Revenue Service
TEF	Transportation Equipment Fund
WSDOT	Washington State Department of Transportation

# ***Introduction***

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## **About this Guidebook**

This manual is a resource for employees of the Washington State Department of Transportation (WSDOT) who participate in the Fleetride Rideshare Program and regional coordinators who administer the program.

WSDOT is committed to the effective management of state funds and proper use of agency-owned vehicles. As such, it is important that WSDOT and Fleetride participants and regional coordinators work from the common set of principles and resources outlined in this manual.

WSDOT's Public Transportation Division reviews and updates this manual as needed. When the division makes revisions, it will notify participants and regional coordinators that an updated version is available at [wwwi.wsdot.wa.gov/Publications/Manuals/M3044](http://wwwi.wsdot.wa.gov/Publications/Manuals/M3044).

For general questions regarding Fleetride, please contact Pam Smith, WSDOT Commute Trip Reduction (CTR) Coordinator, at [smithpa@wsdot.wa.gov](mailto:smithpa@wsdot.wa.gov) or 360-705-7334.

## **About Fleetride**

WSDOT established Fleetride in 1980 per [RCW 43.19.623](#). The program allows employees to share department-owned vehicles for commute between home and work.

The Secretary of Transportation's Executive Order [E 1065.02](#) charges the Public Transportation Division with administration of the Fleetride program as a whole. WSDOT considers Fleetride to be a complementary element of the State Agency CTR Program ([RCW 70.94.551](#)).

# **Fleetrade Rules**

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The following rules apply to all Fleetrade participants. Failure to adhere to these rules may result in termination of Fleetrade privileges.

## **Employee Fleetrade Participation Requirements**

1. Fleetrade participants be WSDOT employees.
2. A minimum of two participants are required to form a carpool group.
3. A minimum number of participants equal to half of the vehicle's seating capacity are required to form a vanpool group.
4. All participants other than the primary and secondary driver may be backup drivers, provided:
  - a. They hold a valid Washington state driver's license
  - b. If using a 10-, 12 or 15-passenger van, they complete special driver training (see 10 below).
5. Participants must pay an established rental rate per mile on a monthly basis ([RCW 43.19.622](#)).
6. WSDOT insures participants through the [Self-Insurance Program](#).
7. Each participants' name must be on the original [Fleetrade Group Registration and Cost Calculation](#).
8. Each participant must submit the required program forms and agreements to the primary driver. The primary driver must submit all required forms and agreements, including their own, to the regional coordinator.
9. Participants may use agency vehicles for commute between home and work only. Personal use is not permitted (RCW 43.19.622).
10. Primary and secondary drivers must complete special driver training if a 10-, 12 or 15-passenger van is used. For more information, see the WSDOT manual [Use of State Provided Motor Vehicles](#) M 53-50.09.

## **Determination of the Primary and Secondary Driver**

WSDOT uses the following criteria to determine the primary driver in a Fleetrade group:

1. Holds a valid Washington state driver's license.
2. Reports to work consistently.
3. Has a low frequency of business travel.
4. Lives at the end of the route or the greatest distance from work.
5. Is able to ensure secure vehicle parking during night and weekends.

In addition to 1, 2, 3 and 5 above, secondary drivers in a Fleetrade group are determined as living at the second-to-final stop on the route or the next greatest distance from work as compared to the primary driver.

## Insurance Coverage

WSDOT insures all Fleetride participants through the [Risk Management Office's](#) Self Insurance Program.

The Risk Management Office reviews the cost of coverage and adjusts it as necessary at the end of each fiscal year.

## Vehicle Use Requirements

1. Fleetride participants must request the use of an agency-owned vehicle from the manager assigned to the vehicle. The manager need not be the participants' manager.
2. The vehicle must be available for official agency business during regular business hours (8:00 a.m.—5:00 p.m., Monday—Friday).
3. The participants must relinquish use of the vehicle when it is needed for agency business.
4. The vehicle must stay within Washington state boundaries while in use by the Fleetride group.

## Rental Rates

To ensure equity between WSDOT and Fleetride participants, groups pay a per-mile rental rate to cover the operational costs associated with the commute ([RCW 43.19.622](#)). These rental rates differ from those set by WSDOT's [Transportation Equipment Fund \(TEF\)](#).

WSDOT determines the monthly rental rate per participant by the following:

1. Number of participants per vehicle.
2. Number of miles driven per commute day.
3. Number of commute days per month.
4. Current liability and collision insurance rates per day per vehicle.
5. TEF per mile rental rate (rates may vary by vehicle type).

### Example:

Per Participant Rental Rate		
Number of participants per vehicle		3
Number of miles driven per commute day		25
Number of commute days per month		21
Liability insurance rate per day per vehicle		\$0.25
Collision insurance rate per day per vehicle		\$0.55
Per mile rental rate		\$0.31
<b>Total cost per car per month</b> <i>[rental rate × (miles driven × commute days)]</i> + [commute days × (liability + collision)]	$[\$0.31 \times (25 \times 21)]$ + [21 × (\$0.25 + \$0.55)] = \$179.55	<b>\$179.55</b>
<b>Monthly rental rate per passenger</b> $\frac{\text{(total cost per month)}}{\text{(number of passengers)}}$	$\frac{\$179.55}{3}$ \$59.85	<b>\$59.85</b>



## Calculating Taxable Income Benefit

Commuting expenses between home and work are not tax deductible. When an employee uses an agency vehicle for commuting purposes it is a taxable fringe benefit. In such instances, the Internal Revenue Service (IRS) taxes the employee for the value of the trip (\$1.50 per one-way and \$3 per round trip) ([26 CFR §§1.61-21 and 1.132-6](#)). The value of the trip differs between carpools and vanpools. When an employee's round trip Fleetride rental rate is less than \$3 per round trip, the IRS taxes the employee on the difference between their actual rental rate and the \$3 benefit value.

### Income Tax Implications for Carpool Groups

1. The benefit value of each participant's monthly rental rate is assessed using the IRS rate.
2. When a participant's daily rental rate is less than the IRS rate, the difference between the actual cost and the IRS rate is reported as a net taxable income benefit.
3. The primary driver performs the benefit calculation by using the [Fleetride Log and Income Benefit Worksheet](#).
4. The agency or region payroll office reports the Fleetride taxable income benefit to the IRS.

#### Example:

<b>Net taxable income benefit for carpool groups</b> <i>(commute days×IRS round trip rate)- monthly rental rate per passenger</i>	$(21 \times \$3.00) - \$59.85 = \$3.15$	<b>\$3.15</b>
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### Income Tax Implications for Vanpool Groups

IRS regulations differ for qualified Fleetride vanpools.

If a vanpool meets the requirement of a qualifying commuter highway vehicle, the first \$230 per month of the income benefit is tax-free ([26 CFR §1.132-9](#)).

A commuter highway vehicle is defined as having a seating capacity of a least eight adults in addition to the driver's seat, and at least 80 percent of the miles the vehicle is driven are for trips between home and work ([26 CFR §1.146-11](#)).

Steps for determining and reporting net taxable income benefit for vanpool groups are the same as those for carpool groups, save an adjustment of the participant's monthly income benefit by (-\$230).

#### Example:

<b>Net taxable income benefit for vanpool groups</b> <i>[(commute days×IRS round trip rate) -monthly rental rate per passenger] -\$230</i>	$[(21 \times \$3.00) - \$59.85] - \$230 = (-\$226.85)$	<b>(-\$226.85)</b>
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## Maintaining Minimum Ridership and Recruitment

### Minimum Ridership and Recruitment for Carpool Groups

A minimum of two participants are required to form a Fleetride carpool group.

If a carpool group falls below two participants, the remaining participant becomes the primary driver and has 30 days to recruit a replacement.

If the primary driver recruits a replacement, the primary driver must follow the steps outlined in this manual under *Primary Driver's Responsibilities: Replacing Participants*.

If the primary driver is unable to recruit a replacement within 30 days, they must discontinue use of the vehicle and the carpool group must be dissolved. The primary driver must follow the steps outlined in this manual under [Participant Privilege Termination or Group Dissolution](#).

### Minimum Ridership and Recruitment for Vanpool Groups

A minimum number of participants equal to half of the vehicle's seating capacity are required to form a Fleetride vanpool group.

If a vanpool group falls below the minimum number of participants, the primary driver has 30 days to recruit a replacement.

If the primary driver recruits a replacement, the primary driver must follow the steps outlined in this manual under *Primary Driver's Responsibilities: Replacing Participants*.

If the primary driver is unable to recruit a replacement within 30 days, the vanpool group must discontinue use of the vehicle and the group must be either dissolved or moved to a vehicle where minimum ridership requirements are met.

If the vanpool group dissolves, all participants must follow the steps outlined in this manual under [Participant Privilege Termination or Group Dissolution](#).

If the vanpool group moves to a new vehicle, the primary driver must follow the steps in this manual under *Primary Driver's Responsibilities: Locating a New Vehicle*.

## Choosing a Commute Route

The Fleetride group's participants determine the commute route.

In establishing the route, participants should consider the most efficient operation of the vehicle relative to the distance of participants' pickup location from work.

## Commute Distance Requirement

A minimum of two participants must ride in a Fleetride vehicle for at least 60 percent of the commute.

## Emergency Ride Home Eligibility

Fleetride participants assigned to headquarters or a region that participates in the [Emergency Ride Home Program](#) are eligible for a limited number of rides home in an emergency.

## Establishing Vehicle Use Priorities

Fleetrider vehicles must always be available for official agency business during regular hours of operation (8:00 a.m.—5:00 p.m., Monday—Friday).

WSDOT recommends that groups identify an alternate vehicle to use in the event that a group's regular vehicle is unavailable. Keys for the alternate vehicle should be readily accessible to the primary and secondary driver.

## Maintenance, Repairs and Fuel Responsibilities

The office of the manager assigned to the Fleetrider vehicle arranges for maintenance and repairs. WSDOT equipment shops perform vehicle repairs. Emergency repairs are handled in the same manner as vehicles in use for official business, as detailed in the WSDOT manual *Use of State Provided Motor Vehicles*.

WSDOT fueling stations must be given priority over commercial fueling stations when fueling Fleetrider vehicles.

## Participant Privilege Termination or Group Dissolution

Grounds for the termination of a Fleetrider participant's privilege or dissolution of a group by a manager or regional coordinator include but are not limited to, the following:

1. Noncompliance with the laws and rules governing Fleetrider.
2. Failure to register for Fleetrider.
3. Misuse or abuse of an agency vehicle.
4. Failure to maintain a valid Washington state driver's license.
5. Recurring late arrivals at designated pickup locations or workstations.
6. Misrepresentation of information included in required Fleetrider forms.
7. Failure to report changes that affect the monthly participation rate (i.e., commute hours, number of participants).
8. Operating a Fleetrider vehicle with fewer than the minimum number of participants after the 30-day period outlined in this manual under [Maintaining Minimum Ridership and Recruitment](#).

If a participant's privileges are terminated or the group is dissolved, each Fleetrider participant is responsible for submitting an updated [Fleetrider Payroll Deduction/Change Request Form](#) to the regional coordinator within five business days.

## No Commute Trip Reduction Incentives

Participants may not receive CTR incentives for participating in Fleetrider ([RCW 43.01.230](#)).

# ***Fleetrider Responsibilities***

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## **Regional Coordinator Responsibilities**

1. Assist in the establishment of new Fleetrider groups as follows:
  - a. Field questions about Fleetrider from interested parties.
  - b. Maintain and distribute a list of employees interested in joining or starting a Fleetrider group.
  - c. Gather and verify the necessary participant information.
  - d. Complete the [Fleetrider Group Registration and Cost Calculation Form](#).
  - e. Verify the monthly cost per participant using the elements indicated in this manual under [Rental Rates](#).
  - f. File the signed original forms and agreements in an individual group file.
  - g. Email changes to the participants' [Fleetrider Payroll Deduction/Change Request Form](#) to the headquarters or regional payroll office.
  - h. Provide data and reports per headquarters or region requirements.
2. Assist established Fleetrider groups as follows:
  - a. Review the monthly [Fleetrider Log and Income Benefit Worksheet](#) for accuracy and retain a copy in the group's file.
  - b. Notify the primary driver if monthly insurance costs or TEF rental rates change.
  - c. Provide guidance in the event that:
    - i. A participant's privileges must be terminated.
    - ii. A participant must be replaced.
    - iii. A new vehicle must be located.
    - iv. A group must be dissolved.

## **Primary Driver Responsibilities**

### **General**

1. Notify the regional coordinator of a group's interest in joining Fleetrider.
2. Secure a vehicle from an agency manager.
3. Provide the regional coordinator with requested information.
4. Distribute the [Fleetrider Payroll Deduction/Change Request Form](#) and required agreements (secondary driver and riders) to each participant for signature.
5. Sign the [Fleetrider Group Registration and Cost Calculation Form](#) and [Fleetrider Primary Driver's Agreement](#).
6. Gather signed original forms and agreements from participants and send to the regional coordinator.

7. Complete and submit the monthly [Fleetrider Log and Income Benefit Worksheet](#) to the regional coordinator by the fifth of each month.
8. Adhere to the responsibilities as outlined in the [Fleetrider Primary Driver's Agreement](#).
9. Submit an updated [Payroll Deduction/Change Request Form](#) to the regional coordinator within five business days of a privilege termination or group dissolution.

### **Replacing Participants**

If participation in an existing group changes, the primary driver must submit the following information to the regional coordinator within five business days:

1. An updated [Fleetrider Group Registration and Cost Calculation Form](#).
2. All participants' [Fleetrider Payroll Deduction/Change Request Form](#) and required agreements (secondary driver and riders) as necessary.

### **Locating a New Vehicle**

If a vanpool group falls below the minimum number of participants, the primary driver has 30 days to find a replacement or move to a new vehicle where minimum ridership requirements are met.

The primary driver should contact the regional administrator to locate a new vehicle. Once located, the primary driver must request use of the vehicle from the manager assigned to the vehicle.

If use of the vehicle is approved, the primary driver must submit the following information to the regional coordinator within five business days:

1. An updated [Fleetrider Group Registration and Cost Calculation Form](#).
2. All participants' [Fleetrider Payroll Deduction/Change Request Form](#).

### **Secondary Driver and Riders**

1. Sign the [Fleetrider Payroll Deduction/Change Request Form](#) and the appropriate agreement (secondary driver and rider) and return to the primary driver.
2. Adhere to the responsibilities outlined in the appropriate agreement.
3. Submit an updated [Fleetrider Payroll Deduction/Change Request Form](#) to the regional coordinator within five business days of privilege termination or group dissolution.

## Payroll Office

1. Verify that a [Fletridge Payroll Deduction/Change Request Form](#) is on file for each participant and take the necessary steps to deduct the monthly amount from their paychecks.
2. Establish an accounts receivable work order and notify appropriate parties.
3. Review each [Fletridge Payroll Deduction/Change Request Form](#) for accuracy and request corrections as necessary.
4. Process changes to or cancel the payroll deduction amount upon receipt of participants' [Fletridge Payroll Deduction/Change Request Form](#) as necessary.
5. Credit payroll deduction amounts to TEF, and liability and collision insurance accounts.
6. Report participants' net taxable amount to the IRS on the [Fletridge Log and Income Benefit Worksheet](#).

## Risk Management Office

1. Review the liability and collision insurance costs associated with the Fletridge annually.
2. Adjust the monthly amount for liability and collision coverage based on the outcome of the annual review.
3. Notify the agency's commute trip reduction coordinator or designee of the new monthly cost based on the outcome of the annual review as necessary.

## Agency Commute Trip Reduction Coordinator

1. Coordinate with the regional coordinators to ensure that the *Fletridge Program Manual M 3044* is up to date and that coordinators are administering the program as designed.
2. Act as liaison between the regional coordinators and partnering offices within the agency.
3. Update the [Fletridge Group Registration and Cost Calculation Form](#) with current TEF rental rates.
4. Notify regional coordinators when the rental rate changes.
5. Engage WSDOT Risk Management, Payroll, Forms Management, TEF and others as needed, to update the program.

## ***Accounting Procedures***

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Fleetrade participants' signed original [Fleetrade Payroll Deduction/Change Request Form](#) are forwarded to the agency or region payroll office for processing. The Payments and Deductions Unit codes the deduction to revenue work orders and related revenue source codes for TEF, liability and collision insurance.

When changes to the deduction are needed, the primary driver or regional coordinator provides participants new *Payroll Deduction/Change Request Form* to authorize a stop payment to the employee's payroll. Participants are responsible for submitting the original signed document to the agency/region Accounting Office and providing a copy to the regional coordinator.

Please note, payroll deduction changes go into effect on the 1st or the 16th day of the month. Additionally, it is the participant's responsibility to notify the primary driver or regional coordinator of changes to the deduction. Reimbursements of unused services will not be authorized.

# ***Appendix: Required Forms***

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## **Forms to Establish a Fleetride Group**

The following forms must be signed and submitted to the regional coordinator before the group can begin using an agency vehicle for commuting purposes:

- *Fleetride Group (Unit) Registration and Cost Calculation (DOT Form 510-001)*
- *Fleetride Primary Driver's (Unit Coordinator's) Agreement (DOT Form 510-002)*
- *Fleetride Secondary Driver's Agreement (DOT Form 510-003)*
- *Fleetride Rider's Agreement (DOT Form 510-004)*
- *Fleetride Payroll Deduction/Change Request (DOT Form 510-020)*

## **Other Forms**

The following forms must also be completed and submitted to the regional coordinator as necessary:

### **Submitted Monthly**

- *Fleetride Log and Income Benefit Worksheet (DOT Form 510-005)*

### **Resubmitted if the number of participants, mileage or TEF rental rate changes**

- *Fleetride Group Registration and Cost Calculation (DOT Form 510-001)*

### **Resubmitted by each participant when the number of participants in a group changes or the entire group stops participating in Fleetride**

- *Fleetride Payroll Deduction/Change Request (DOT Form 510-020)*



**Fleetrider Group Registration and Cost Calculation**



**Fleetrider (Unit) Registration and Cost Calculation**

**Sections A, B & C** to be completed by the Regional Fleetrider Transportation Coordinator (RFTC)  
**Section D** to be signed by the Unit Coordinator and the RFTC

**Section A**

Unit Coordinator's Name	Work Phone Number	Unit Coordinator's Org. Code	
Home Address (Street/City)		Worksite (Street/City)	
Class of Vehicle	Cost Per Mile	Daily Round-Trip Miles	

**Section B**

Determine the maximum number of working days per month based on each participant's work schedule.  
 Enter the number (1 - 4) that corresponds to the work schedule of each participant.

- 1 8 Hours/Day - 40 Hours Week = 21 Days
- 2 10 Hours/Day - 40 Hours Week = 17 Days
- 3 9/80's - 80 Hours Worked Over Two Weeks = 19 Days
- 4 Other Schedule = Enter Actual Number of Days

Name of Employee(s)	#	Days

**Section C**

Calculation of Participants Costs

- A. Number of passengers in the vehicle \_\_\_\_\_
- B. Number of miles driven per month \_\_\_\_\_
- C. Maximum number of commute days per month  
(Enter the highest number of days from above) \_\_\_\_\_
- D. Cost per mile \_\_\_\_\_
- E. Insurance cost per month \_\_\_\_\_
- F. Insurance cost per passenger \_\_\_\_\_
- G. Total cost per vehicle per month \_\_\_\_\_
- H. **Monthly cost per passenger** \_\_\_\_\_

**Section D**

Unit Coordinator Signature	Date
Region/Division RFTC Signature	Date

DOT Form 510-001  
 Revised 07/2019

Distribution: Accounting - TEF Branch; Unit Coordinator; Region/Division Fleetrider Transportation Coordinator



## Unit Coordinator's Agreement

This agreement, between the Washington State Department of Transportation (WSDOT) and \_\_\_\_\_, is effective on the date of execution by WSDOT. This agreement remains in effect until terminated in writing by either party. Termination will become effective ten (10) working days after receipt by either party.

- I. Both parties agree that the following are the Unit Coordinator's responsibilities:**
- A. Determine the route and time schedule for the Fleetrider vehicle.
  - B. Drive the Fleetrider vehicle daily to and from the state facility to pick up and discharge the participants.
  - C. Complete the monthly "Fleetrider Log and Income Benefit Worksheet (DOT 510-005)."
  - D. Submit the original "Fleetrider Log and Income Benefit Worksheet (DOT 510-005)" to the ETC while submitting a copy to the employee. The ETC will send the original to the appropriate payroll office.
  - E. Make arrangements with the Assistant Unit Coordinator to ensure daily operation of the Fleetrider vehicle when he/she is unavailable to do so.
  - F. Notify the Assistant Unit Coordinator in advance of any time he/she must drive, such as during vacation or sick leave, business trips or scheduled days off.
  - G. Maintain a valid Washington State Driver License.
  - H. Handle emergency and other repairs, accidents and reportable incidents in the same manner as when the vehicle is in use for official business (see D 53-50, "Job-Related Use of Motor Vehicle"; M 53-30, "Preventive Maintenance for Highway Equipment"; and D 16-03, "Tort Claims").
  - I. Coordinate the development of the rules for the day-to-day operation of the Fleetrider vehicle (e.g., waiting times, music, etc.), and abide by such rules.
  - J. The Unit Coordinator will be held responsible for any traffic citation resulting from the operation of the Fleetrider vehicle.
  - K. Keep the vehicle clean both inside and out, and filled with gas according to customary procedures.
  - L. Ensure the vehicle is available for Department use during regular business hours.
  - M. Ensure that each rider has received a copy of the Fleetrider policy.
  - N. Maintain full compliance with all provisions of the Fleetrider policy.

**II. Unit Coordinator's Acknowledgments**

I agree:

- A. I have received a copy of the Fleetrider policy.
- B. Commute time will not be considered part of my work time.
- C. Worker's Compensation will not be allowed for any injuries that occur while commuting in a Fleetrider vehicle.
- D. It is my responsibility to get to and from work on time if state vehicles and/or state fuel is not available.
- E. Only WSDOT employees registered in the Fleetrider program are permitted to ride in a Fleetrider vehicle.
- F. The Fleetrider vehicle is to be used for commuting purposes only. Personal use of the assigned Fleetrider vehicle is not permitted. Stops are only permitted to pick up and discharge registered participants at their designated locations.
- G. Each Fleetrider unit will cooperatively set rules of conduct for the participants to follow while commuting.
- H. Participation in the Fleetrider program may result in payment of additional federal income tax.
- I. I will provide a copy of my Washington State Driver License to my ETC.
- J. I will follow the rules of conduct established for all participants in this Fleetrider unit.
- K. I understand I am paying the operational costs of the TEF Fleetrider Mileage Rate for the entire commute the vehicle travels on a daily basis.

I have read the terms of this agreement and of the Fleetrider policy, and I agree to comply with these terms.

Washington State Department of Transportation

Fleetrider Unit Number: \_\_\_\_\_

\_\_\_\_\_  
Unit Coordinator's Signature

\_\_\_\_\_  
ETC's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

DOT Form 510-002 EF  
Revised 06/09



## Assistant Unit Coordinator's Agreement

This agreement, between the Washington State Department of Transportation (WSDOT) and \_\_\_\_\_, is effective on the date of execution by WSDOT. This agreement remains in effect until terminated in writing by either party. Termination will become effective ten (10) working days after receipt by either party.

**I. Both parties agree that the following are the Assistant Unit Coordinator's responsibilities:**

- A. Drive the Fleetrider vehicle daily to and from the state facility to pick up and discharge the participants when the Unit Coordinator is not available.
- B. Assume the responsibilities of the Unit Coordinator when substituting for him/her.
- C. Maintain a valid Washington State Driver License.
- D. Handle emergency and other repairs in the same manner as when the vehicle is in use for official business (see D 53-50, "Job-Related Use of Motor Vehicles"; M53-30 "Preventive Maintenance for Highway Equipment," and D 16-03"; Tort Claims").
- E. The Assistant Unit Coordinator will be held responsible for any traffic citation resulting from the operation of the Fleetrider vehicle.

**II. Assistant Unit Coordinator's Acknowledgments**

I agree:

- A. I have received a copy of the Fleetrider policy.
- B. Commute time will not be considered part of my work time.
- C. Worker's Compensation will not be allowed for any injuries that may occur while commuting in a Fleetrider vehicle.
- D. It is my responsibility to get to and from work on time if state vehicles and/or state fuel are not available.
- E. Only WSDOT employees who are registered in the Fleetrider program are permitted to ride in a Fleetrider vehicle.
- F. The Fleetrider vehicle is to be used for commuting purposes only. Personal use of the assigned Fleetrider vehicle is not permitted. Stops are only permitted to pick up and discharge registered participants at their designated locations.
- G. Each Fleetrider Unit will cooperatively set rules of conduct for the participants to follow while commuting.

DOT Form 510-003 EF  
Revised 06/09

**Fleetrider Secondary Driver's Agreement (page 2 of 2)**

- H. Participation in Fleetrider may result in payment of additional federal income tax.
- I. To provide a copy of my current Washington State Drivers License to the ETC.
- J. To follow the rules of conduct established for all participants in this Fleetrider unit.
- K. I understand that I am paying a portion of the TEF Fleetrider Milage rate for the entire commute that the vehicle makes on a daily basis.

I have read the terms of this Agreement and of the Fleetrider policy and I agree to comply with these terms.

Washington State Department of Transportation

Fleetrider Unit Number: \_\_\_\_\_

\_\_\_\_\_  
Assistant Unit Coordinator's Signature

\_\_\_\_\_  
ETC's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

DOT Form 510-003 EF  
Revised 06/09



Rider's Agreement

This agreement, between the Washington State Department of Transportation (WSDOT) and \_\_\_\_\_, a rider in the WSDOT Fleetrider program becomes effective on the date of execution by WSDOT. This agreement will remain in effect until terminated in writing by either party. Termination will become effective ten (10) working days after receipt, by either party.

I. Rider's responsibilities

- A. Abide by all day-to-day operational rules (i.e. waiting time, music, etc.) established by the Fleetrider unit.
B. Notify the Unit Coordinator, if applicable, of any time he/she will not be riding, such as vacation or sick leave, business trips, or scheduled days off.
C. Pay the established TEF Fleetrider Mileage monthly rate as determined by the unit's Fleetrider Registration and Cost Calculation through individual payroll deduction.

II. Rider's Acknowledgements

I agree:

- A. I have received a copy of the Fleetrider policy.
B. Commute time will not be considered part of my work time.
C. Worker's Compensation will not be allowed for any injuries which may occur while commuting in a Fleetrider vehicle.
D. It is my responsibility to get to and from work on time if state vehicles and/or state fuel are not available.
E. Only WSDOT employees registered in the Fleetrider program are allowed to ride in a Fleetrider vehicle.
F. The Fleetrider vehicle is to be used for commuting purposes only. Personal use of the Fleetrider vehicle is not permitted. Stops are only permitted to pick up and discharge registered participants at their designated locations.
G. I will follow the rules of conduct established for all participants in this Fleetrider unit.
H. Participation in the Fleetrider may result in additional federal income tax paid by the rider.
I. I understand I am paying the operational costs of the TEF Fleetrider Mileage rate for the entire commute that the vehicle travels on a daily basis.

I have read the terms of this Agreement and of the Fleetrider policy and I agree to comply with these terms.

Washington State Department of Transportation

Fleetrider Unit Number: \_\_\_\_\_

Rider's Signature \_\_\_\_\_

ETC's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

DOT Form 510-004 EF Revised 06/09

**Fleetrade Payroll Deduction/Change Request**



**Fleetrade Payroll Deduction/Change Request**

Please select the appropriate "Request" and send to the participant for signature. Each member of the Fleetrade Unit must sign a Fleetrade Payroll Deduction/Change Request. Submit original requests to the Accounting Office for processing. Keep copies in the Unit's file.

Effective Date
----------------

Employee Name
---------------

Employee ID #
---------------

Region
--------

Org # (6 Digits)
------------------

Work Phone Number
-------------------

**Initial Payroll Deduction Request**

**Payroll Deduction Change Request**

This request authorizes the WSDOT's Accounting Office to deduct from my paycheck the monthly Fleetrade participation fee. I authorize one half of each payment to be deducted from each of my semi-monthly payroll checks. This deduction will be effective until written notification of a changing or cancellation of this request is submitted to my ETC.

Per the Fleetrade Registration and Unit Calculation form

ETC/Accounting Use Only

Number of people in unit	
Number of days	
Number of commute miles per day	
Mileage rate	\$

Monthly Insurance Cost	\$
Rate	\$
Group Rate	\$

**Effective Date** \_\_\_\_\_

**Amount Due Per Person** \$ \_\_\_\_\_

Employee Signature	Date
--------------------	------

**Payroll Cancellation Request**

Please discontinue my semi-monthly Fleetrade deductions effective: \_\_\_\_\_

Employee Signature	Date
--------------------	------

**ETC USE ONLY**

Verify completeness, place a copy in the file and submit original to WSDOT Accounting Office for processing

ETC Signature	Date
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DOT Form 510-020  
Revised 09/2019

**Fleetrider Log and Income Benefit Worksheet**



**Fleetrider Log and Income Benefit Worksheet**

The Unit Coordinator must submit a completed Fleetrider Log and Income Benefit Worksheet (electronic or paper copy) to their ETC by the 5th of the following Month.

Fleetrider Unit Number	Vehicle Number	Vehicle Type <input type="checkbox"/> Truck <input type="checkbox"/> Van	Daily Round-Trip Miles	Month/Year
Unit Coordinator's Name				Unit Coordinator's Phone Number

Check the appropriate trip for each day. Vanpool-Fleetrider, the first \$110.00 of calculated net income benefit per month are tax free.

**2 One Way Trips = 1 Round-Trip**

Name	Org Code	Equipment Number	One Way		Round-trip		One Way		Round-trip		One Way		Round-trip		One Way		Round-trip	
			OW	RT	OW	RT	OW	RT	OW	RT	OW	RT	OW	RT	OW	RT	OW	RT
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Benefit Dollars</b>			O W	R T	O W	R T	O W	R T	O W	R T	O W	R T	O W	R T	O W	R T	O W	R T
Total Income Benefit	= \$		= \$		= \$		= \$		= \$		= \$		= \$		= \$		= \$	
Less: Rider Payment	- \$		- \$		- \$		- \$		- \$		- \$		- \$		- \$		- \$	
<b>Sedan or Truck</b>																		
Net Taxable Income Benefit	= \$		= \$		= \$		= \$		= \$		= \$		= \$		= \$		= \$	
<b>Van (Minimum of 5)</b>																		
Less: Tax Free Rate	-	\$230.00	-	\$230.00	-	\$230.00	-	\$230.00	-	\$230.00	-	\$230.00	-	\$230.00	-	\$230.00	-	\$230.00
Net Taxable Income Benefit	=		=		=		=		=		=		=		=		=	

**NOTE:** If more than 5 participants, please complete and attach additional worksheets.

I certify that the above trips are true and accurate. \_\_\_\_\_  
 DOT Form 510-005 EF Unit Coordinator's Initials Date  
 Revised 07/2011