

**Self-Direction 2-Week Employee Work & MILEAGE Sheet**

**FAX 1-866-302-6787**

Driver Name (Employee):					Employee ID# (last 4 digits of Employee's social security #)	
Member/Participant:					Is this a correction to a PRIOR Mileage Sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Member's Date of Birth:			Service Code:		Pay Period Begin Date	Pay Period End Date
Vehicle Year		Vehicle Model		Driver's License #		License Plate #
Date	Time In	Time Out	Location (From) Odometer Start	Location (To) Odometer End	Total Miles	Purpose of Trip
W						
Total Hours and Miles for Week 1 →						
W						
Total Hours and Miles for Week 2 →						
Total Hours and Miles for Pay Period (2 weeks) →						

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer (EOR) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employer (EOR) Printed Name