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? ☐ Yes ☐ 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

Employee Hours and Mileage Sheet, 08/01/2023 v.2