

CDL REIMBURSEMENT PROGRAM

POLICY

All Blacksburg Transit employees are eligible to receive reimbursement for the renewal of their Commercial Drivers license. Reimbursement will only cover the basic cost of the CDL Class B permit with a P endorsement.

PROCEDURES

Amount: The maximum amount of reimbursement is \$72.00.

Eligibility: All Blacksburg Transit staff holding a valid CDL license.

Reimbursement Process: The employee must submit a completed reimbursement request, along with a copy of the license and receipt from the DMV, to their Manager for approval. Requests must be submitted within 30 days of license renewal.

The Manager will forward the approved form to BT Finance for final processing. Reimbursements will be processed by BT Finance on a monthly basis.

Employees must reimburse BT for the cost of the CDL, on a prorated basis, if they leave employment within six months after reimbursement is received. A payroll deduction form must be completed at the time of reimbursement.

Effective 08/28/2016



BLACKSBURG TRANSIT CDL RENEWAL REIMBURSEMENT

Name: _____ Division: _____

Position: _____ Date Submitted: _____

All applications for Class B CDL license with a Passenger (P) endorsement with air brakes renewal qualify for reimbursement at Blacksburg Transit. Additional endorsements will not be reimbursed by Blacksburg Transit/Town of Blacksburg. To be eligible for reimbursement, employees must bring a copy of the license, and DMV receipt. Requests must be submitted within 30 days of license renewal. Reimbursements are paid in the month following submittal of the form.

Amount of Reimbursement: _____

Date

Employee's Signature

Acceptance of Reimbursement Form

On behalf of Blacksburg Transit/Town of Blacksburg, I accept this form:

Date

Supervisor's Signature

Date

Division Manager's Signature

PAYROLL DEDUCTION PERMISSION FORM

TOWN OF BLACKSBURG
PAYROLL DEPARTMENT

I, _____ authorize the Payroll
Department to deduct from my wages the amount of _____
to be done per payday _____ or
a one time amount of _____ for the purpose of


~~~~~

I, \_\_\_\_\_ authorize the Payroll  
Department to stop deductions for \_\_\_\_\_  
from my wages on \_\_\_\_\_ (date)

*This is to remain in effect until further written notice is sent by me to the  
Payroll Department.*

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

Date: \_\_\_\_\_

Payroll Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Credit Account #: \_\_\_\_\_