STATE OF ARKANSAS
Department of Finance and Administration

OFFICE OF THE DIRECTOR
1509 West Seventh Street, Suite 401
Post Office Box 3278
Little Rock, Arkansas 72203-3278
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November 3, 2010

John Selig
Director
Arkansas Department of Human Services
P.O. Box 1437, Slot S-201
Little Rock, AR 72203

Dear Mr. Selig,

Based on the information presented in your correspondence, dated October 18, 2010, the following determinations have been made:

Due to the required level of travel and the responsibilities assigned, a waiver under Sec. 5, Paragraph C, of Executive Order 10-14, regarding the status designation of commuter has been granted to the following positions:

DYS Assistant Director

Additionally, a waiver under Sec. 4 of Executive Order 10-14 allowing the operation of a State vehicle without red Official Business Only license plates or official seal has been granted for the vehicle(s) assigned to the following position(s):

One (1) vehicle assigned for use by the Food Stamp, Fraud Unit within the Office of the Chief Counsel
Forty-nine (49) vehicles assigned for use with Human Development Centers and the Arkansas State Hospital and which carry or will carry disabled plates.

Additionally, we have received and appreciate your statement that the following positions will no longer be assigned a State vehicle for commuting purposes:

DHS Director
Division Director, Developmental Disabilities Services
Director, Division of Services for the Blind
Director, DCFS
Division Director, Behavioral Health Services

Please be aware that, under Section 4 of Executive Order 10-14, all vehicles must carry red, Official Business Only license plates and each must carry the official seal of either

the State or your agency. Unless otherwise stated, this requirement applies to vehicles assigned to employees operating under a status designation of commuter.

Please also be aware that, under Section 3 of Executive Order 10-14, all vehicles not assigned to individual employees must be pooled, made available to any authorized employee and must remain on State property when not in use.

Additionally, please recall that Executive Order 10-14 requires State vehicles be used solely for purposes of official State business.

Thank you for your assistance and cooperation.

Sincerely,

Richard A. Weiss
Director

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Office of the Director

P.O. Box 1437, Slot S-201 · Little Rock, AR 72203-1437
501-682-8650 · Fax: 501-682-6836 · TDD: 501-682-8933

MEMORANDUM

TO: Richard Weiss, Director
Department of Finance and Administration

FROM: John Selig, Director
Department of Human Services

DATE: October 19, 2010

SUBJ: **COMMUTER USE OF STATE VEHICLES UNDER EXECUTIVE ORDER 10-14**

In compliance with the Governor's Executive Order 10-14 and your memo of October 6, 2010, I am requesting one vehicle at the Department of Human Services be allowed commuter status:

A0710 EXEMPTION	VIN # / LICENSE #	POSITION
2008 Ford Fusion	VIN 3792/229LHM	DYS Assistant Director

I have attached the Request for Commuter Status Designation form with a description as to why this is in the best interest of our Department. Used as a commuter status designation vehicle, exemption from pooling/parking is also needed. The car will have Official State Tags/Markings.

I have also attached forms for vehicles previously used in commuter status under Governor's Policy Directive 3 – but will no longer be used in commuter status under EO 10-14.

Under separate cover I will request waivers for any needed exemptions for vehicles to operate without official license plates or seals.

Your favorable consideration of this request for Commuter Designation will be appreciated. Please do not hesitate to contact me if additional information is needed.

Attachments

Department of Finance and Administration
Office of Intergovernmental Services

Request for Status Designation: Commuter

Executive Order 10-14 established Status Designations for employees whose duties require assignment to a State Vehicle. Request for the Status Designation of Commuter must be made for individual state employees. Waivers issued under Governor's Policy Directive 3 will cease to be valid after Nov. 1, 2010.

Please use this form to Request the Status Designation of Commuter for employees within your State Agency, Board or Commission who require the use of a State Vehicle to travel to and from home and whose use of a State Vehicle is as a Commuter as described by Executive Order 10-14.

Please supply the following information for each state employee to receive the Status Designation of Commuter as described under Executive Order 10-14:

1. Name of Employee: John Selig

2. Position or Title of Employee: DHS Director

3. Agency, Board or Commission: Arkansas Department of Human Services

4. Year, Make and Mode of Vehicle to be Assigned: 2004 Ford Crown Victoria, 4-door sedan

5. VIN Number of Vehicle to be Assigned: 2FAFP71W84X136309

6. Estimated Mileage Driven on a Monthly Basis: 1,160 miles

7. License Plate Number of Vehicle to be Assigned: Currently 640 KFH, but processing for State Tags

8. Does this vehicle have Official State License Plates: Yes: ☐ No: ☒

9. If the employee has previously used a State Vehicle under a Waiver from Governor's Policy Directive 3 but no longer thinks it's necessary to use a State Vehicle in this manner, please check here: ☒

10. Please use this space to describe the Legitimate State Business Purpose that would be met if this employee was granted a Commuter Status Designation. If additional space is needed, please add additional pages as necessary:

We are currently in process to change the car tags to the red Official State License Plates.

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Please supply the following information for each state employee to receive the Status Designation of Commuter as described under Executive Order 10-14:

1. Name of Employee:

David C. Laffoon

2. Position or Title of Employee:

Division Director

3. Agency, Board or Commission:

Department of Human Services
Division of Behavioral Health Services

4. Year, Make and Mode of Vehicle to be Assigned:

2010, Dodge, Avenger

5. VIN Number of Vehicle to be Assigned:

1B3CC4FBOAN161913

6. Estimated Mileage Driven on a Monthly Basis:

800

7. License Plate Number of Vehicle to be Assigned:

465LHN

8. Does this vehicle have Official State License Plates: Yes: ☒ No: ☐

9. If the employee has previously used a State Vehicle under a Waiver from Governor's Policy Directive 3 but no longer thinks it's necessary to use a State Vehicle in this manner, please check here: ☒

10. Please use this space to describe the Legitimate State Business Purpose that would be met if this employee was granted a Commuter Status Designation. If additional space is needed, please add additional pages as necessary:

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Office of Intergovernmental Services

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Please supply the following information for each state employee to receive the Status Designation of Commuter as described under Executive Order 10-14:

1. Name of Employee:

Kim Luckett

2. Position or Title of Employee:

Assistant Director, Residential Services

3. Agency, Board or Commission:

Department of Human Services, Division of Youth Services

4. Year, Make and Mode of Vehicle to be Assigned:

2008, Ford Fusion

5. VIN Number of Vehicle to be Assigned:

3FAHP06Z98R253792

6. Estimated Mileage Driven on a Monthly Basis:

1100

7. License Plate Number of Vehicle to be Assigned:

229 LHM

8. Does this vehicle have Official State License Plates: Yes: ☒ No: ☐

9. If the employee has previously used a State Vehicle under a Waiver from Governor's Policy Directive 3 but no longer thinks it's necessary to use a State Vehicle in this manner, please check here: ☐

10. Please use this space to describe the Legitimate State Business Purpose that would be met if this employee was granted a Commuter Status Designation. If additional space is needed, please add additional pages as necessary:

The Assistant Director, Residential Services, Division of Youth Services is responsible for oversight of contracted operations of facilities housing adjudicated youth for the State of Arkansas. This includes long term residential psychiatric facilities and initial and/or temporary housing of youth at Juvenile Detention Centers. These facilities are located statewide. The Assistant Director is on call 24/7 to respond to emergencies and/or serious incidents that do occur in these facilities. The Assistant Director is also required to make regular and unannounced visits at varying times to facilities to assure proper care and treatment of youth. Visits to facilities occur on a nearly daily basis. These activities describe a legitimate state business purpose to grant a Commuter Status Designation.

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Office of Intergovernmental Services

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Please supply the following information for each state employee to receive the Status Designation of Commuter as described under Executive Order 10-14:

1. Name of Employee: Jean K. Morris

2. Position or Title of Employee: Director

3. Agency, Board or Commission: DHS Division of Services for the Blind

4. Year, Make and Mode of Vehicle to be Assigned: 2007 Chevrolet Malibu

5. VIN Number of Vehicle to be Assigned: VIN #IGIZS58F87F286025

6. Estimated Mileage Driven on a Monthly Basis: 1500

7. License Plate Number of Vehicle to be Assigned: 015 LHM

8. Does this vehicle have Official State License Plates: Yes: ☒ No: ☐

9. If the employee has previously used a State Vehicle under a Waiver from Governor's Policy Directive 3 but no longer thinks it's necessary to use a State Vehicle in this manner, please check here: ☒

10. Please use this space to describe the Legitimate State Business Purpose that would be met if this employee was granted a Commuter Status Designation. If additional space is needed, please add additional pages as necessary:

No Commuter Status Designation Requested.

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Please supply the following information for each state employee to receive the Status Designation of Commuter as described under Executive Order 10-14:

1. Name of Employee: Cecile Blucker

2. Position or Title of Employee: Director

3. Agency, Board or Commission: DHS/DCFS

4. Year, Make and Mode of Vehicle to be Assigned: 08 Ford Fusion

5. VIN Number of Vehicle to be Assigned: 3793

6. Estimated Mileage Driven on a Monthly Basis: 800 miles

7. License Plate Number of Vehicle to be Assigned: 719LHM

8. Does this vehicle have Official State License Plates: Yes: ☒ No: ☐

9. If the employee has previously used a State Vehicle under a Waiver from Governor's Policy Directive 3 but no longer thinks it's necessary to use a State Vehicle in this manner, please check here: ☒

10. Please use this space to describe the Legitimate State Business Purpose that would be met if this employee was granted a Commuter Status Designation. If additional space is needed, please add additional pages as necessary:

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Please supply the following information for each state employee to receive the Status Designation of Commuter as described under Executive Order 10-14:

1. Name of Employee: James C. "Charlie" Green

2. Position or Title of Employee: Division Director

3. Agency, Board or Commission: Division of Developmental Disabilities Services

4. Year, Make and Mode of Vehicle to be Assigned: 2010; Jeep Liberty; Spt4x4

5. VIN Number of Vehicle to be Assigned: 4549

6. Estimated Mileage Driven on a Monthly Basis: 500 to 600

7. License Plate Number of Vehicle to be Assigned: 272 LHN

8. Does this vehicle have Official State License Plates: Yes: ☒ No: ☐

9. If the employee has previously used a State Vehicle under a Waiver from Governor's Policy Directive 3 but no longer thinks it's necessary to use a State Vehicle in this manner, please check here: ☒

10. Please use this space to describe the Legitimate State Business Purpose that would be met if this employee was granted a Commuter Status Designation. If additional space is needed, please add additional pages as necessary:

The vehicle will be turned into the DDS car pool.