



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
Phone: (501) 682-2242
Fax: (501) 682-1029
<http://www.state.ar.us/dfa>

November 3, 2010

Robert Trevino
Arkansas Rehabilitative Services
1616 Brookwood Drive
Little Rock, AR 72202

Dear Mr. Trevino,

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 A, of Executive Order 10-14, regarding the status designation of Regular Travel has been granted to the following positions:

Ten (10) District Managers

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

Director of Field Services
Commissioner

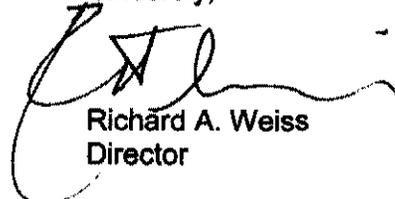
Please be aware that, under Section 4 of Executive Order 10-14, all vehicles must carry red, Official Business Only license plates and each must carry the official seal of either the State or your agency. Unless otherwise stated, this requirement applies to vehicles assigned to employees operating under 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,

A handwritten signature in black ink, appearing to read "Richard A. Weiss".

Richard A. Weiss
Director

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:

Sterling Hughes

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2004 Dodge Stratus

5. VIN Number of Vehicle to be Assigned:

0728

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

884 HKI

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:

Arkansas Rehabilitation Services would like to request a waiver for overnight use of state vehicles assigned to our Field Services Managers who must travel extensively among various offices and itinerary points. ARS is requesting a waiver to allow daily use to and from their home destination and their assigned areas.

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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:

Robert Sanders

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2006 Dodge Stratus

5. VIN Number of Vehicle to be Assigned:

2827

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

322 HKJ

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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1. Name of Employee:

Marva Dansby

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2006 Dodge Stratus

5. VIN Number of Vehicle to be Assigned:

6914

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

066 HKI

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:

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1. Name of Employee:

Christie Bartelt

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2006 Dodge Stratus

5. VIN Number of Vehicle to be Assigned:

2829

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

319 HKJ

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:

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1. Name of Employee:

Sherry Muck

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2005 Dodge Stratus

5. VIN Number of Vehicle to be Assigned:

0491

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

270 HKJ

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:

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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:

Carol Etheridge

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2006 Dodge Stratus

5. VIN Number of Vehicle to be Assigned:

2828

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

330 HKJ

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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1. Name of Employee:

Linda Rose

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2005 Ford Taurus Station Wagon

5. VIN Number of Vehicle to be Assigned:

9564

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

262 HKJ

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:

Lisa Murphy

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2005 Ford Taurus Station Wagon

5. VIN Number of Vehicle to be Assigned:

9579

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

261 HKJ

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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1. Name of Employee:

Everett Adamson

2. Position or Title of Employee:

District Manager

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2004 Dodge Stratus

5. VIN Number of Vehicle to be Assigned:

0727

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

879 HKI

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:

Judy Smith

2. Position or Title of Employee:

Manager, Transition

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2007 Chevy Malibu

5. VIN Number of Vehicle to be Assigned:

5187

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

956 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:

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1. Name of Employee:

Carl Daughtery

2. Position or Title of Employee:

Director of Field Services

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2010 Dodge Avenger

5. VIN Number of Vehicle to be Assigned:

1502

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

067 HKI

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:

ARS is not seeking a waiver on this vehicle.

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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:

Robert Trevino

2. Position or Title of Employee:

Commissioner

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2009 Chevy Equinox

5. VIN Number of Vehicle to be Assigned:

3063

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

207 LPX

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 Commissioner is not seeking a waiver on this vehicle. We will be placing a red dot and license plate on this vehicle by November 1, 2010.

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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:

Carl McKinney

2. Position or Title of Employee:

3. Agency, Board or Commission:

Arkansas Rehabilitation Services

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

2008 Ford Pickup

5. VIN Number of Vehicle to be Assigned:

5174

6. Estimated Mileage Driven on a Monthly Basis:

7. License Plate Number of Vehicle to be Assigned:

196 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:

ARS is not seeking a waiver on this vehicle.