

State of Vermont
Department of Vermont Health Access
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Agency of Human Services

Transportation Employment Exception Verification Form

Employee Name: _____ DOB: _____

If known, name of family member needing ride: _____

This is to certify that this employee's work schedule is such that they are unable to leave the premises to travel home to provide transportation to a family member for an appointment.

WORK SCHEDULE:

Family member's work schedule is variable and unpredictable, therefore unable to reasonably predict whether this family member will be able to transport this member to appointments.

Approximate number of miles from employee's home to worksite: _____

Sincerely,

Company Name: _____

Title: _____

Work Phone: _____

Date: _____