

COLORADO DEPARTMENT OF TRANSPORTATION

FUEL PIN ACTION REQUEST

This form is to be filled out and emailed to equipment services to initiate an action to be taken on an employee's fuel PIN number.

Action to be taken

- New Employee (including **NEW Temps ONLY** - otherwise use the "Reactivate" option)
- Suspend / Reactivate Existing PIN (**please circle which**)
- Compromised PIN ~~A~~*
- Employee Transfer (to be filled out by the **receiving area**)
- Employee Leaving CDOT

***If PIN is lost (and NOT compromised) or is being reactivated, please call Bill Hougland or Karen Neuschwanger or Susan Powell for a PIN AFTER form is turned in. Upon calling, you will be asked to verify your 4-digit PERN.**

Employee Information

Last Name _____
First Name _____
Middle Name _____
Employee Personnel Number _____
Employee Cost Center _____
Level 1 Supervisor _____
Level 2 Supervisor _____

Requestor Information: Fuel Coordinator Use Only

Name _____
Phone Number _____ Date _____
Region _____
Division (MTC, ENG, TRAF, HQ [dept. name]) _____

FOR OFFICE USE ONLY:

CDOT _____ SFM _____ Bulk Fuel System _____