

Exhibit 10: Take-Home Vehicle Assignment Authorization Request

Take-Home Vehicle Assignment Authorization Request



Department of Transportation
**Fleet Administration
Division**

Employee Name: _____ Department: _____
Position Title: _____ Division: _____
Vehicle Number: _____ Section: _____
Primary Work Station: _____ City of Residence: _____
Daily Commute Miles: _____ Current Odometer Reading: _____
Daily Business Miles: _____
Number of emergency call-outs in previous years: April 1 - Sept. 30: _____ Oct. 1 - March 31: _____

Pursuant to King County Code Chapter 3.30, requests to authorize take home vehicles must meet at least one of the following criteria.

- ☐ **Emergency Response:** The employee has primary responsibility for responding to emergency situations which require immediate response to protect life or property **and** the employee is called out at least 12 times per quarter. A "call-out" is defined as a directive to an employee to report to a work site during off duty time. Documentation listing the number and nature of call-outs for the six month period from the prior year. In addition, there must be an explanation of why alternate transportation cannot be used and why a County vehicle cannot be picked up from a designated County parking area. **Attach all justification and back-up documentation to this form.**
- ☐ **Economic Benefit:** There is an economic benefit to the County. This means the cost of travel reimbursement would exceed the costs associated with a take home vehicle. A calculation of this benefit must be submitted with the Take Home Vehicle Request. The cost of lost productivity cannot be a part of the calculation. **Attach all justification and back-up documentation to this form.**
- ☐ **Special Equipment:** The employee has primary responsibility for responding to emergency situations which require immediate response to protect life or property **and** the employee needs a special vehicle and/or carries specialized equipment other than communications equipment in order to perform their work outside of normal working hours. A description of this equipment must be submitted with the Take Home Vehicle Request. **Attach all justification and back-up documentation to this form.**
- ☐ **Union Contract:** Collective bargaining agreement may provide general language for department director to approve take home assignment. **Provide union name, contract number, and attach a copy of the relevant contract language.**

Union Local: _____

Note: A county owned take-home vehicle is a fringe benefit that generates a tax liability. If your request for take-home vehicle assignment is approved, you are required to check with payroll to determine your liability.

Requestor's Signature _____ Date _____

I have read and understand the County Code and Executive Policy governing take-home vehicles assignments. I certify that this request meets the requirements.

☐ Approved
☐ Denied
Department Director / Division Manager Date

I certify that this request meets the requirements of County Code and criteria set forth under Executive Policy 7.2.4.

☐ Approved
☐ Denied
Fleet Administration Date