

## TAKE HOME VEHICLE AUTHORIZATION FORM

Department Name: \_\_\_\_\_ Budget Unit: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

County Decal ☐ E-Plate ☐ Unmarked Sedan ☐ Van/SUV ☐ Pick-up ☐

Employee Name: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Employee Job Classification: \_\_\_\_\_

Employee Primary Work Location: \_\_\_\_\_

Employee Home Address (City only for Law Enforcement): \_\_\_\_\_

### JUSTIFICATION

Emergency Response Requirements (for Law Enforcement only) ☐  
Emergency Maintenance Situation (i.e. Road Crew and Communications) ☐  
On-Call Situations Requiring Special Equipment (i.e. Animal Care, Agriculture K-9) ☐  
Other \_\_\_\_\_ ☐

### Department and Appointing Authority Authorization

I hereby authorize \_\_\_\_\_ to take a County vehicle home beginning \_\_\_\_\_ and ending on \_\_\_\_\_ in accordance with the guidelines in the County's Take Home Vehicle Policy.

Regular ☐ Rotating On-Call Basis ☐ Periodic Basis (Over 48 times per fiscal year) ☐

The above named employee is authorized to operate a County vehicle in the service of the County. Any taxable benefits resulting from the personal use of a County vehicle will be reported on the employee's monthly paycheck by the Auditor-Controller's Office.

Department Head Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

County Fleet Manager Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor-Controller: \_\_\_\_\_ Date Processed: \_\_\_\_\_

## **CALCULATION OF TAXABLE BENEFIT:**

Mileage to and from Primary Work Location \_\_\_\_\_

Number of days worked in pay period \_\_\_\_\_

**Biweekly Adjustment to Employee's Taxable income** \_\_\_\_\_

- ☐ I have another vehicle available for personal use.
- ☐ I do not have another vehicle available for personal use.

### **Employee Certification:**

I have read, am aware of, and will comply with all policies, procedures and related guidelines regulating the use of County vehicles.

☐ I understand the taxable benefit calculated above will be added to my taxable income on a monthly basis. The Auditor-Controller's Office will automatically adjust the taxable benefit for any changes in the IRS mileage rate. If I no longer take home a County vehicle, it is my responsibility to notify my department head, the County Fleet Manager and the Auditor-Controller's Office. The taxable benefit shall be discontinued the pay period following RECEIPT of this notification by the Auditor-Controller's Office.

☐ I am exempt from the calculation of any taxable benefit based on Take Home Vehicle Policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Revocation of Authorization to Take Home a County Vehicle:**

I, \_\_\_\_\_, department head, hereby revoke the authorization of the above named employee to take home a County vehicle. This revocation is effective \_\_\_\_\_. The Auditor-Controller shall discontinue taxing this benefit to the employee in the pay period following receipt of this authorization.

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

County Fleet Manager Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor-Controller: \_\_\_\_\_ Date Processed: \_\_\_\_\_