

UT VEHICLE ASSIGNMENT REQUEST/AUTHORIZATION FORM

Dept: _____
Acct. #: _____ **Date:** _____

Type of vehicle required (*indicate first and second choice*):

Midsized _____	Van – 7-Passenger _____
Compact _____	Van – 12-Passenger _____
Truck _____	Other _____

Reason for requesting vehicle type: _____

Estimated annual business mileage: _____

Check type of vehicle assignment requested:

	Class A-1/Custodial: Passenger vehicle for use during working hours. Vehicle remains parked at office overnight or when not in use during working hours.
	Class A-2/Custodial: Nonpassenger vehicle for use during regular working hours. Vehicle remains at office in designated area when not in use overnight.
	Class B-1/Special Assignment: Required after normal duty hours to perform duties of the position.
	Class B-2/Special Assignment: Employee has official duty station of his/her home and requires daily use of a vehicle to perform duties of the position.
	Class B-3/Special Assignment: Equipped to perform public safety law enforcement or maintenance functions.
	Class B-4/Special Assignment: Employee in a continuing travel status (defined as an individual in the office a maximum of one day per week). Vehicle must be parked at the duty station on Saturday, Sunday, and holidays unless required for official business or the employee is departing for, or returning from, an official trip away from the employee’s headquarters.

Commuting mileage (*daily round trip*): _____

Commuting days per week: _____

Commuting Authorization	Title
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How long will this assignment be necessary? _____

Days per week utilized: _____

The need for this vehicle is the result of:

- a. New program _____
- b. Program expansion _____
- c. Other (explain) _____

Name of operator: _____

Home address: _____

Office address: _____ **Phone:** _____

What requirement of the position precludes the use of a motor pool vehicle?

Special equipment required *(check all that apply):*

- a. Hydraulic liftgate _____
- b. Utility body _____
- c. Winch _____ Capacity: _____
- d. Tool box _____
- e. Other (specify) _____

Date vehicle required: _____

APPROVALS:

Department Head

Dean or Director

Chancellor or Vice Chancellor

Director of Transportation Services

TRANSPORTATION SERVICES USE ONLY