## **Take-Home Vehicle Assignment Authorization Request**



Employee name:	Position title:	
Vehicle number:	Department:	
Primary work site:	Division:	
Estimated daily commute miles:	Section:	
Estimated daily business miles:	City & County of residence:	
Justification for out of county residence (if applicable):		
Start date for this request:		
Pursuant to King County Code, Chapter 3.30, take-home vehicle assignments must meet at least one of the following criteria. Please select one (1) criteria and attach all required documentation as outlined in FES-12-2-3 and the administrative procedures in Attachment A. Example documentation is available upon request.		
<ul> <li>□ Emergency Response: Take-home vehicles may be assigned to employees with emergency response duties if they consistently meet the criteria below and provide supporting documentation as outlined in Appendix A:         <ul> <li>Employee has primary responsibility to respond to emergency situations that require immediate response to protect life or property.</li> <li>Employee responds to emergency call outs at least twelve (12) times per quarter.</li> <li>Employee needs specialized equipment or a specifically equipped vehicle to respond to emergencies and cannot use alternative forms of transportation to respond to emergencies.</li> <li>Employee cannot effectively respond to emergencies by picking up a county-owned assigned vehicle at a designated site.</li> <li>□ Economic Benefit: Take-home vehicles may be assigned to employees whose agencies have documented an economic benefit or to the county. Employees must provide the supporting documentation listed below:             <ul></ul></li></ul></li></ul>		
Taking a county-owned vehicle home generates a tax liability. If your request for a take-home vehicle assignment is approved, you are required to check with your payroll administrator to determine your liability.		
I have read and understand K.C.C.3.30 and Executive Policy FES-12-2-3. I certify this request meets the requirements.		
Requestor's signature:		Date:
Department Director or designee:		Date:
Fleet Services Division Director:		Date:

Distribution: Completed signed original to Fleet Services Division. Copies to employee, payroll administrator, and department director.