

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):	
Number of emergency call outs in previous 6 months (if applicable):	
Start date for this request:	
Union Contract: Collective bargaining agreements (CBA) may provide general language for department director's to approve take-home vehicle assignments. If citing a CBA, attach all required documentation as outlined in FES-12-2-3 and the administrative procedures in Attachment A.	
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.	
<input type="checkbox"/> Emergency Response: The employee has the primary responsibility to respond to emergency situations, which require immediate response to protect life or property and the employee is called out at least 12 times per quarter.	
<input type="checkbox"/> Special Equipment: The employee has primary responsibility to respond to emergency situations, which require immediate response to protect life or property and the employee needs a special vehicle and/or carries specialized equipment.	
<input type="checkbox"/> Economic Benefit: There is an economic benefit to the County. This means the cost to reimburse the employee for private vehicle mileage is consistently greater than the cost to provide a take-home vehicle.	
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>I have read and understand K.C.C.3.30 and Executive Policy FES-12-2-3. I certify my request meets the requirements.</i>	
Requestor's signature	Date
<i>I certify this request meets the requirements of K.C.C. 3.30 and Executive Policy FES-12-2-3.</i>	
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.