



**TAKE HOME VEHICLE ASSIGNMENT  
AUTHORIZATION AGREEMENT AND REQUEST**

CAO Use Only

Next Review Date  
\_\_\_\_\_

Employee Name: \_\_\_\_\_ Department/Agency: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Division/Program: \_\_\_\_\_  
 Vehicle Number: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_ Daily Commute Miles: \_\_\_\_\_  
 Current Odometer Reading: \_\_\_\_\_ Daily Business Miles: \_\_\_\_\_  
 Number of Emergency Call-outs in Previous Year: \_\_\_\_\_

Pursuant to County of El Dorado Board of Supervisors Policy D-4, Vehicle Use, Standards, Procurement and Disposal, requests for authorization to take home vehicles must meet at least one of the following criteria:

(Please check one and add detailed justification)

- Employee is responsible for responding to emergency situations related to public health or safety and protection of property on a 24-hour basis.
- Employee is assigned on-call duties on a rotational basis (vehicle taken home only on those days the employee is assigned to on-call duty).
- Other: To be demonstrated to the Board of Supervisors that take-home use is in the best interest of the County.

Justification:

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

I understand that the Board of Supervisor’s has authorized me to use a Take Home Vehicle and this user agreement reflects information about the vehicle I am assigned and the obligations I have as a result of this agreement. On a quarterly basis, I agree to collect and report the required information to the Department Head pertaining to the use of the vehicle. I have read and understand County Policy D-4 governing take-home vehicle assignments and I certify that this request meets the requirements contained therein. Furthermore, I understand that this authorization will be reviewed annually, is non-transferable and may be rescinded at any time.

\_\_\_\_\_  
 Requestor’s Signature Date

I have read, understand and will adhere to my responsibilities as a Department Head of County Policy D-4 governing take-home vehicle assignments. I certify that this request meets the requirements contained therein.

\_\_\_\_\_  
 Department Head Signature Date

Send completed, signed original to the Chief Administrative Office for Approval.

\_\_\_\_\_  
 Chief Administrative Officer Signature Date