**County of Union**

**County Vehicle Request**

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| --- | --- |
| Employee Name:       | Division/Department:       |
| Driver’s License Number:       | Expiration Date:       |
| Date of Request:       |  | Destination: |       |  |  |
| Pick Up Date: |        (mm/dd/yy) | Pick Up Time: |      (time) |
| Return Date:  |      (mm/dd/yy) | Return Time:  |         (time) |
| Reason for Use:       |
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|  |
| Employee Acknowledgement: |  |
| Note: County-owned vehicles will be used for official business only and only by the employee to whom the vehicle was assigned. The assigned driver is personally responsible for the safe and proper operation of the vehicle as well as for the payment of any fines for traffic violations. Careless or negligent operation and misuse or abuse of a vehicle by the assigned operator may result in discipline. Employee must immediately notify his/her Department Head of any changes to or revocation of his/her driving privileges.  |  |
|  |  |  |  |
| ***Approvals*** | **Approved** | **Not****Approved** | ***Signature*** |
| ***First Approval*** | **Division Head Approval:** | **[ ]**  | **[ ]**  |  |
| ***Final Approval*** | **Department Head Approval:** | **[ ]**  | **[ ]**  |  |
|  |  |  |  |  |
| ***Vehicle Availability*** | **Division of Motor Vehicles** | **[ ]**  | **[ ]**  |  |