

State Vehicle Special Use Request



Driver's Operator ID: _____

Driver's Name: _____ is authorized to have:

A _____ A state vehicle OVERNIGHT (or until the next business day, or employee's next working day) in the proximity of his/her home to accommodate early/late travel for a meeting/trip for this date: ___/___/_____ and return on: ___/___/_____

B _____ A State vehicle for extended or intermittent use, as required, from _____ to _____ for State-related work.

C _____ Non-State employee passenger(s) in a State vehicle. This authorization expires ___/___/_____.

NOTE: A copy of this form should be in the vehicle used by the employee. Employees need not be authorized in advance in the event of an emergency or from road situations adversely affecting public safety which the employee encounters and ameliorates during the course of travel. Hitchhikers should not be transported.

SAFE, OFF-STREET PARKING FOR THE STATE VEHICLE WILL BE PROVIDED BY THE EMPLOYEE DURING NON-WORKING HOURS.

Executive Director or Designee

Date: ___/___/____

EXPLAIN: _____

DHA FLEET VEHICLE THAT WILL BE USED _____

REQUEST FOR DATE(S): ___/___/_____ THROUGH ___/___/_____