

# Request for Assignment of District Vehicle

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_

Rationale:

I understand that this permission may be withdrawn at any time. In the event of this withdrawal, I understand that I am still responsible for fulfilling all of my job responsibilities. I also acknowledge that I must be familiar with and follow all state and local laws and policies pertaining to driving state vehicles.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

For office use only:

Superintendent/Designee Approval: \_\_\_\_\_

Additional information relating to approval: