

Attachment A

RADFORD UNIVERSITY
Application for Long-Term Assignment of Central Motor Fleet Vehicle

Department _____ **Box Number** _____

Dept. Location _____ **Phone Number** _____

Application

Type of Assignment

New Assignment

Departmental

Renewal of Assignment

Individual – No commuting

Individual - Commuting

Type of Vehicle Requested _____

Length of Assignment _____ **Date Vehicle Needed** _____

Individual Assignment (specify name, title, work address, and location where vehicle will be parked)

Departmental Assignment (specify person or persons responsible for vehicle, work address, and location where vehicle will be parked) _____

Justification of Assignment (Please check the appropriate category and attach detailed explanation)

- Required by a law enforcement officer, as defined in Code of Virginia, Section 9.1-101
- Required by an employee on 24-hour call who must respond to emergencies on a regular and continuing basis
- Required by an employee's need for constant use or continuous availability of specialized equipment which cannot be feasibly or economically transferred between state-owned vehicles or carried in personal vehicles
- Vehicle is used for essential travel related to transportation of university employees or students on a routine and regular basis, or for essential administrative functions of the university for which the use of a temporary assignment or personal mileage reimbursement is neither feasible nor economical
- Assignment of vehicle is documented to be the most cost-effective or practical alternative

Commuting Information – Individual Assignment Only

Will this employee be authorized to use the vehicle for commuting?

- No – Vehicle will be parked at office
- Yes – Specify home address, one-way mileage from office to home, and attach explanation of reason for commuting use _____

Certification

The undersigned certify that the above information is true to the best of our knowledge. We understand that if any information changes, at any time, a new form must be submitted immediately. We understand that compliance with the Appropriations Act and state and university central motor fleet policies and procedures is mandatory. We certify that all operators who will be authorized to drive this vehicle are aware of their responsibilities concerning the use of a central fleet vehicle and assurances are in place to determine the validity of their operator's licenses.

Principal Operator _____ **Date:** _____

Department Head/Director/Dean _____ **Date:** _____

Vice President _____ **Date:** _____

- Approved**
- Disapproved**

Penelope W. Kyle
President **Date:** _____

Routing of form:

Approved: Send original to Director, Facilities Management, Box 6909
 Send copy to University Controller, Box 6923

Disapproved: Return original to requestor