



UNIFIED GOVERNMENT HUMAN RESOURCES GUIDE

Effective 06-27-2024

TAKE HOME VEHICLE JUSTIFICATION FORM

Employee Name:		Employee ID:	
Department:		Division:	
Job Title:		Telephone:	
Unit Number:		Vehicle Year:	
Vehicle Make:		Vehicle Model:	
Garage Location when off duty:		Daily commute (1-way):	

1	Is this vehicle assigned to an elected or appointed Unified Government employee. If yes proceed to question 3.	Yes	No
2	Is the vehicle assigned to a Department Head?	Yes	No
3	For all other UG employees, does a major portion of the duties assigned to the employee require travel for UG business in excess of 1,000 miles per month or has the agency identified the vehicle as an integral part of the job? If no skip to question 8.	Yes	No
4	Does the position require the employee to be on call on a recurring basis beyond normal duty hours and, when called out, require immediate travel from a residence to a location where specific skills, services, tools, equipment, or supplies are necessary to perform the job?	Yes	No
5	Does the position involve leaving directly from home to a continually variable workstation, in which travel to a central location to obtain a Unified Government-owned vehicle would result in significant amounts of unnecessary travel time and loss of productive hours?	Yes	No
6	Does the employee work from a home office with a continually variable workstation (e.g. inspectors, case workers, investigators, etc.)?	Yes	No
7	Is the employee a law enforcement officer or a public safety emergency responder?	Yes	No
8	Please list the business rationale for the employee to have a take home vehicle (please attach additional pages if needed):		
9	Is the employee approved for a Take Home Vehicle.	Yes	No



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I, _____ have received and read the Unified Government
(Print Employee Name)
Human Resources Guide policy, Section 6.6 Take-Home Vehicles and understand I must abide by the
guidelines indicated therein.

Employee Signature: _____ Date: _____

Department/Division
Head Signature: _____ Date: _____

County Administration
Signature: *(*Only Required for
Director level positions and above)* _____ Date: _____

Human Resources Use Only		
Motor Vehicle Record Acceptable:	Yes	No
If no, please describe:		

Related Polices:

6.6 Take Home Vehicles