

UT VEHICLE ASSIGNMENT REQUEST/AUTHORIZATION FORM

Dept: _____

Acct. #: _____ Date: _____

< Type vehicle required (*indicate 1st and 2nd choice*):

Mid-size	_____	Van - 7 Pass.	_____
Standard	_____	15 Pass.	_____
Truck	_____	Other	_____

< Reason for requesting vehicle type: _____

< Estimated annual business mileage: _____

< Check type of vehicle assignment requested:

	Class A-1/Custodial: Passenger vehicle for use during working hours. Vehicle remains parked at office overnight or when not in use during working hours.
	Class A-2/Custodial: Non-passenger vehicle for use during regular working hours. Vehicle remains parked at office in designated area when not in use overnight.
	Class B-1/Special Assignment: Required after normal duty hours to perform duties of the position. Personal use is allowed and will result in additional taxable income – see Fiscal Policy FI0725.
	Class B-2/Special Assignment: Employee has official duty station of his/her home and requires daily use of a vehicle to perform duties of the position. Only de minimis personal use is allowed – see Fiscal Policy FI0725.
	Class B-3/Special Assignment: Equipped to perform public safety law enforcement or maintenance functions.
	Class B-4/Special Assignment: Employee in a continuing travel status (defined as an individual in the office a maximum of one day per week). Vehicle must be parked at the duty station on Saturday, Sunday, and holidays unless required for official business or the employee is departing for, or returning from, an official trip away from the employee's headquarters. Only commuting and de minimis personal use allowed – see Fiscal Policy FI0725.

< Check type of assignment (If Class B1 or B4 checked above):

- Compensatory (personal use allowed)
- Non-compensatory (only commuting and de minimis personal use allowed)

< Commuting mileage (*daily round trip*): _____

< Commuting days per week: _____

< Non-compensatory business reason for commuting vehicle assignment: _____

 Commuting Authorization

 Title

< How long will this assignment be necessary? _____

< Days per week utilized: _____

< The need for this vehicle is the result of:

- a. New program _____
- b. Program expansion _____
- c. Other (explain) _____

< Name of operator: _____

< Home address: _____

< Office address: _____ Phone: _____

< What requirement of the position precludes the use of a pool vehicle?

< Special equipment required (check all that apply):

- a. Hydraulic liftgate _____
- b. Utility body _____
- c. Winch _____ Capacity: _____
- d. Tool box _____
- e. Other (specify) _____

< Date vehicle required: _____

< APPROVALS:

Department Head

Dean or Director

Chancellor or Designee

Director of Transportation Services

Chief Financial Officer (B1 assignment only)

TRANSPORTATION SERVICES USE ONLY

If B1 or B4 assignment, complete below and send a copy of form to UT Payroll Office, P115 Andy Holt Tower, Knoxville, TN 37996:

Date vehicle picked up: _____ Model: _____
 Year: _____ Fair Market Value: _____
 Make: _____ Beginning Odometer: _____