

UT Vehicle Assignment Request Form

Dept: _____

Acct. #: _____ Date: _____

Type of vehicle required (indicate first and second choice):

Compact Sedan _____	Van – 7 Passenger _____
Standard Sedan _____	Van – 12 Passenger _____
Truck _____	Other _____

Reason for requesting vehicle type: _____

Estimated annual business mileage: _____

Check type of vehicle assignment requested (Please check only one):

<input type="checkbox"/>	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.
<input type="checkbox"/>	Class A-2/Custodial: Nonpassenger vehicle for use during regular working hours. Vehicle remains at office in designated area when not in use overnight.
<input type="checkbox"/>	Class B-1/Special Assignment: Required after normal duty hours to perform duties of the position. May involve personal costs to assignee.
<input type="checkbox"/>	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. May involve personal costs to assignee.
<input type="checkbox"/>	Class B-3/Special Assignment: Equipped to perform public safety law enforcement or maintenance functions.
<input type="checkbox"/>	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. May involve personal costs to assignee.

Commuting mileage (daily round trip): _____

Commuting days per week: _____

Commuting Authorization of assignee, required for Class B1-B4

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: _____ **Pernr #** _____

Home address: _____

Office address: _____ **Phone:** _____

What requirement of the assignment precludes the use of a short term rental 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: _____

After submitting the completed request form to Fleet Management by forwarding the form to fleetmanagement@utk.edu, a representative of Fleet Management will confirm the availability of the requested vehicle. If a vehicle is available, a formal lease agreement will be still need to be approved by the dean, director, or department head before the vehicle is released to the department.

Name of Approver: _____ Email of Approver: _____

Signature of requestor

Phone # of requestor _____ Email of requestor _____

FLEET MANAGEMENT USE ONLY