

Fleet Management Long Term Lease Request & Authorization 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.
<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.
<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.

Commuting mileage (daily round trip): _____

Commuting days per week: _____

Commuting Authorization, 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 position precludes the use of a motor 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: _____

The driver acknowledges, by using a University owned vehicle, they will comply with all traffic and parking regulations. Any failure to comply may involve fines being forwarded to the department. All damages to the vehicle will be charged to the department the exception of fair wear and tear. Four months or longer rental durations qualify for the lower long term lease rate structure. If a new vehicle is requested, the vehicle must be leased for the entire depreciation period of the vehicle. If surrendered early, charges will apply for any lease, depreciation, or sale losses.

APPROVALS:

_____ Department Head

_____ Dean or Director

_____ Chancellor or Vice Chancellor

_____ Director of Fleet Management

FLEET MANAGEMENT USE ONLY