Employee Request to Take State Vehicle Home

Pursuant to AoA Bulletin 2.3: "State employees may take home a state-owned vehicle fewer than 12 times per year, with the prior approval of their appointing authority. However, taking a state vehicle home in excess of 12 times per year requires the written approval of the employee's appointing authority and the Secretary of Administration."

VEHICLE INFORMATION

License Plate Number:	Make:	Model:	Year:

AGENCY/DEPARTMENT INFORMATION

Requesting Agency/Department:			Date:
Driver Name:	Title:	Email:	
Main Contact:	Phone Number:	Email:	

PARKING INFORMATION

Parking location Saturday / Sunday or between 7pm and 5am. Please include the complete address.

Street:	Town:	State:	Zip Code:

VEHICLE USE INFORMATION

Is this vehicle being used as a *take home* vehicle, as described above, by additional drivers: Yes ☐ No ☐

If yes, each employee must submit a separate request form.

REQUEST JUSTIFICATION

Describe the nature of the employee's duties or activities that necessitate housing the vehicle at the employee's residence. Also, describe any employee and/or vehicle/property security concerns.

FMS POLICIES

By signing this request, the undersigned agrees to have the employee abide by all of the policy set forth by FMS and AOA Bulletin 2.3. FMS policies are located at: http://bgs.vermont.gov/business_services/fleet/operation

SIGNATURE AND APPROVAL

Request Approved by Agency / Department Head

Signature:	Date:

Secretary of Administration or Designee Approval

Name:	Title:	Department:

RETURN COMPLETED FORM TO: fleet.services@vermont.gov

Pursuant to AoA Bulletin 2.3, the form pictured below must be completed and submitted ANNUALLY or within 30 days of the day the vehicle was made available, to VTHR by the due date, in accordance with Section G. of Bulletin 2.3 Appendix A.

Please use the electronic version of the form located on the Agency of Administration's website:
http://aoa.vermont.gov/sites/aoa/files/Bulletins/B2-3_AppendixA_PartIV_ReportingForms_Revised.xlsx

Agency of Administration - VTHR Operations Division

VERMONT

PERSONAL USE OF STATE VEHICLES

→ Departments Must Provide this form annually by January 31st of the calendar year noted below or within 30 days of the day the vehicle was made available.

A.	Department Name				
B.	Department Contact Person				
C.	Report Period: November 1,			to October 31,	

Enter Start Year- YYYY

Employee Acknowledgement of Responsibilities & Receipt of Forms

D.	Employee Name	
E.	Employee ID #	

		√ if Received
	I hereby acknowldge:	
→	I have received both Bulletin 2.3 & Appendix A	
→	I have been informed by my Department that personal use (including commuting) of the State owned vehicle provided must be reported as a taxable fringe benefit	
→	I have been informed by my Department that FICA taxes will be withheld from my pay during one of the last two pay periods of the calendar year.	
→	I have been provided with my Department's internal reporting procedures	
→	I understand that the State of Vermont will not withhold Federal or State income tax from the reported fringe amount	
→	I understand that the taxable fringe will be reported on my W-2	

F.	Employee Certification		
By signing below, I certify, to the best of my knowledge, I have received, read and understand my responsibilities as outlined in Bulletin 2.3.			
sign here		Date	