

FLEET MANAGEMENT SERVICES EMPLOYEE REQUEST TO TAKE STATE VEHICLE HOME



Buildings and General Services must be notified of all FMS vehicles being used as a Take Home Vehicle by an employee of the State.

A **TAKE HOME VEHICLE** is a FMS vehicle that will be parked at an employee's residence for more than 30 days per year instead of being parked at a state-owned or -rented facility during non-working hours.

VEHICLE INFORMATION	
License Plate Number: Make:	Model: Year:
AGENCY/DEPARTMENT INFORMATION	
Requesting Agency/Department:	Date:
Driver Name: Driver Title:	Email:
Driver Workstation Address:	
Primary Vehicle Contact:	Phone & Email:
PARKING INFORMATION	
Vehicle Housing location Saturday / Sunday or between 7pm and 5am	Monday / Friday. Please include the complete address.
VEHICLE USE INFORMATION	
Is this vehicle being used as a take home vehicle, as described above,	by additional drivers: Yes 🗆 No 🗆
If yes, please complete this form for each driver.	
REQUEST JUSTIFICATION	
Describe the nature of the employee's duties or activities that necessit	ate housing the vehicle at the employee's residence:
CECUDITY COM	CERNIC
SECURITY CON	LERNS
Describe any employee and / or vehicle / property security concerns:	
FMS POLICIES	
By signing this request, the undersigned agrees to have the employe	e abide by all of the policy that FMS has set forth
(http://bgs.vermont.gov/business_services/fleet/operation) and Admi	
(http://bgs.vermont.gov/sites/bgs/files/pdfs/BGS-Fleet-Bulletin-2_3.pdf) including but not limited to the following:	
*PERMITTED USE OF FMS VEHICLES: The use of a FMS vehicle is restricted to official state business. Using a vehicle for	
	cted to official state business. Using a venicle for
purposes other than conducting official state business is prohibited.	
*COMMUTING: Unless specifically authorized by the employee's appo	inting authority, drivers are not permitted to use state
vehicles for commuting purposes.	
REQUEST APPROVED BY DEPARTMENT HEAD	
	Approval For: (check any that apply)
	□ Take Home Vehicle
Agency Secretary or Department Head Date	□ Commuting
RETURN COMPLETED FORM TO BGS FMS: fleet.services	@state.vt.us OR THE ADDRESS LISTED BELOW