STATE OF LOUISIANA

REQUEST FOR PERSONAL ASSIGNMENT AND/OR HOME STORAGE OF STATE-OWNED VEHICLE

☐ NEW ☐ UPDATE ☐ DELETE

Originating Date

M4 Notification #

M5 Notification #

Personnel Number P

State Employee's Name (Last, First, Middle)

Job Classification

EMR #

Department/Section

Maint. Plant

Driver's License No.

AMP/Legacy Property Tag No.

VIN

License No.

Make

Model

Model Year

A. PERSONAL ASSIGNMENT of the above vehicle to the employee named is requested for the following reason(s). (Check appropriate blocks.)

☐ 01. State employee is in a position which requires, in performance of assigned duties, that the employee drive in excess of the break-even mileage as established by the Commissioner of Administration. (Note: This mileage must accrue consistently throughout the year, not sporadically month to month.)

☐ 02. State employee is in a position of law enforcement and has the power to arrest and uses this power in the regular performance of his/her duties.

☐ 03. State employee is in a position which requires, in performance of assigned duties, regular and unscheduled use of a special use vehicle or a vehicle with special equipment installed, (Identify equipment on a separate page.)

☐ 04. Employee is a statewide elected official, Governor's Executive Counsel, the Commissioner of Administration, Secretary of an executive department, President or Chancellor of a state university or college or their equivalent in the Judicial or Legislative branch of government, or vehicle is purchased and assigned to the office of a statewide elected official.

☐ 05. Other. Please detail: _____

B. HOME STORAGE of the above vehicle by the employee named is requested for the following reason(s). (Check appropriate blocks.)

☐ 01. Employee is a law enforcement officer with the power to arrest who uses this power in the regular performance of daily job duties and whose home storage of a fleet vehicle is deemed by the agency head to be in the best interest of public safety and law enforcement. (Required)

☐ 02. Employee is provided with transportation to and from the workplace as a condition of employment approved at the time of employment by the Commissioner of Administration. (Permitted)

☐ 03. Employee's job duties require the use of a special use vehicle or vehicle with special equipment installed outside of normal working hours and home storage of such vehicle can be documented as either cost effective to the State or necessary to protect the safety and/or health of the public. (Detail and provide documentation on a separate page.) (Required)

☐ 04. Employee is a statewide elected official, Governor's Executive Counsel, the Commissioner of Administration, Secretary of an executive department, President or Chancellor of a state university or college, or their equivalent in the Judicial or Legislative Branch of government (Permitted)

☐ 05. Other. Please detail: _____

Address of Employee Residence	Address of Official Domicile	Address of Nearest Dept. Facility Where Vehicle May Be Parked	**ONE WAY MILEAGE BETWEEN RESIDENCE AND NEAREST DEPT. FACILITY** ➡

BY signing this agreement, the Agency Head, Transportation Coordinator and State employee attest to the accuracy of the information, which is subject to audit or investigation at any time. If the information is found to be incorrect, appropriate action shall be taken by the Commissioner of Administration and/or other entities.

The State employee also hereby acknowledges that the use of a State-owned, State-rented, or State-leased vehicle is not permitted for personal purposes without the special approval of the Commissioner of Administration, and that unauthorized use shall subject the employee to possible disciplinary action, up to and including termination. The State employee affirmatively acknowledges and understands that operating a State-owned, State-rented, or State-leased vehicle while intoxicated as set forth in R. S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and my employer's instructions. In the event such operation results in my being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 or 14:98.1, I acknowledge and understand that such would constitute evidence of: (1) my violating the terms and conditions of my use of said vehicle, (2) my violating the direction of my employer, and (3) my acting beyond the course and scope of my employment with the State of Louisiana.

The State employee understands that he or she is liable for all requirements which are or may be imposed by the Internal Revenue Service on the use of state-owned vehicles for personal assignment and/or home storage. The State employee, by signing this form, agrees that it is his or her obligation to disclose such use to the Internal Revenue Service, and additionally that the employee will maintain the necessary records to satisfy any such requirements relative to reporting the use of said vehicle to the Internal Revenue Service.

If any of the information supplied above changes during this period, the employee shall immediately notify the Agency Transportation Coordinator by updating a copy of this form, including the effective date of the change. The Coordinator will transmit the completed copy to the Commissioner of Administration.

The State employee certifies that a completed and signed Louisiana State Employee Driver Safety Program Authorization/Driving History Form is on file with his or her agency.

_____
State Employee Signature

Request Approval Period:

_____, _____

through June 30, _____

_____
Agency Transportation Coordinator Signature

_____
Agency Head Signature

	APPROVED	*DISAPPROVED*
A. Personal Assignment	☐	☐
B. Home Storage/Commuting	☐	☐

_____ _____
Commissioner of Administration or Designee Date

DA 5210
(DAMV-2)
Rev. 2/20