

APPENDIX A

<p style="text-align: center;">PINAL COUNTY, ARIZONA NOTIFICATION OF ASSIGNMENT OF COUNTY VEHICLE</p>

Employee Name _____

Department _____ Vehicle Make/Year _____

Vehicle Odometer Reading _____ Vehicle License Number _____

ACTION: _____ Assignment of Vehicle _____ Return of Vehicle

Fleet Director Approval _____

Date of Action: _____

- | | |
|---|----------------|
| Is the employee required to be on call? | Yes ___ No ___ |
| Is the employee required to take the vehicle home? | Yes ___ No ___ |
| Is the employee a control employee? | Yes ___ No ___ |
| Is the employee a public safety officer? | Yes ___ No ___ |
| Is the employee authorized to take the vehicle home/use it overnight? | Yes ___ No ___ |

Special Equipment Vehicles (Provide information requested in Section E (7) of this policy)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Employee Signature _____

Department Head Approval _____

Elected Official/County Manager/ACM Approval: _____