



Agency Vehicle Assignment



Policy A-IC-21

**August 4, 2008
Revised October 14, 2013**

Purpose: To establish guidelines for the assignment of agency vehicles.

Policy: Three Rivers District Health Department vehicles may be assigned to individual staff members for the purpose of using the vehicle to travel to conferences, trainings, home visits, field services, etc. A decision to assign an agency vehicle to take home can only be made by the District Director. This policy supplements 902 KAR 8:170, Section 5, Travel Policies, Sub-section 10, which is applicable to the local health department. It is the responsibility of the staff member to request to use an agency vehicle when traveling on official TRDHD business.

Procedure:

- I. Staff requesting to take an agency vehicle home will fill out the request **Form A-IC-21 (A)** and present it to his/her Manager. The Manager will approve or deny the request. If approved, the Manager will forward the request to the District Director for final approval.
- II. For vehicles assigned to specific departments, the Manager is responsible to inform the designated Fleet Manager if his/her department has a vehicle available for use on any given day.
- III. Before an employee drives his/her own vehicle for the purpose of health department business they must check with the Fleet Manager to see if a vehicle is available. If a company vehicle is available, employees electing to drive a personal vehicle will not be paid mileage. If no vehicle is available the employee will discuss other travel arrangements with his/her Manager.
- IV. When an employee is assigned a vehicle, that employee is responsible for making sure that the vehicle has one-half tank of gas upon return. If the tank is less than one-half full, the employee must fill the vehicle up with gas and code the gas to the cost center for which the vehicle was used.

District Director

Date

Chairperson, Three Rivers District Board of Health

Date

Agency Vehicle Assignment Request Form A-IC-21 (A)

I, _____, am requesting to take an agency vehicle home. I understand that I am not authorized to use this vehicle for any purpose other than Health Department business.

I hereby agree to, RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, the Local Heath Department, the Kentucky Department for Public Health, and their agents, representatives, officers, directors, employees, insurers, successors, and assigns (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, including death, that may be sustained by me, or to any property belonging to me, while operating an agency vehicle in a manner that violates any administrative regulations, policies, statutes; and/or for use/operation of an agency vehicle for purposes other than those related to the performance of my duties as an employee.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Kentucky.

I further agree to indemnify the Local Heath Department, the Kentucky Department for Public Health, and their agents, representatives, officers, directors, employees, insurers, successors, and assigns from and against any and all expenses, costs (including attorneys' fees), causes of action, liability, loss and/or damages suffered or incurred by any of them, that results from or arises out of any acts, errors, or omissions that occur while operating an agency vehicle in a manner that violates any administrative regulations, policies, statutes; and/or for use/operation of an agency vehicle for purposes other than those related to the performance of my duties as an employee.

In signing this Release and Indemnity, I acknowledge and represent that I HAVE READ THE FORGOING Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

VIN # or License Plate #- _____ Vehicle Make/Model/Year- _____

Date(s) Requested & Reason- _____

Employee Signature & Date

Manager Signature & Date

District Director Signature & Date