



Vehicle Assignment Transfer

For Fleet staff use. Processed by:

- | | |
|---|---|
| <input type="checkbox"/> Contact Name Change | <input type="checkbox"/> Use Code Change: |
| <input type="checkbox"/> Exchange Within Agency | <input type="checkbox"/> Return to Owner Agency |
| <input type="checkbox"/> Exchange With Owner Agency | <input type="checkbox"/> New Assignment |

Name _____

Date (mm/dd/ccyy) _____

**Do Not Use Abbreviations for Department, Division, Mail Routing or Other Employer Identification Information.
 Please Complete This Form Separately For Each Vehicle Involved In Any Transfer.**

Fleet Number	License Number	Present Mileage	Effective Date (mm/dd/ccyy)	<input type="checkbox"/> Replaces	<input type="checkbox"/> Replaced by Fleet #
Billing Charge Back Codes		% Split	Customer Use Code	Customer Optional Data	
Any Splits Must Add Up to 100%.					
Splits May Have Two Decimal Places Only.					
Department or Agency Name or "UW System"		Division (or Campus and UW Department) Name		Supervisor Name	
Name		Vehicle Contact Person Email (work) Provide Supervisor's Email Address if Contact Has No Email			
Work First Class Mail Address		City	State & ZIP + 4	Area Code & Phone Number ()	
Work Street Address		County Where Vehicle Will Be Parked When Not in Use		Area Code & Fax Number ()	

Assignment Type and Duration (check all that apply)

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Work Shared | <input type="checkbox"/> Personal* | <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary, Ending (mm/dd/ccyy): _____ |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Home Based* | <input type="checkbox"/> Additional | |
| <input type="checkbox"/> Qualified Non-Personal Use | Job Classification: _____ | | |

Employee Agreement (All Assignments):

I acknowledge that I have received and/or read a copy of the statewide Fleet Driver and Management Policies and Procedures (DOA-3068P) and I understand the contents. I acknowledge that personal use of state-owned vehicles is not allowed except as set forth in the statewide fleet policies.

As a condition of my driving a state-owned vehicle, I agree to a check of my driving record on a periodic basis. I further agree to inform my supervisor and agency fleet manager/coordinator of any negative change in the status of my driving record. I will also inform them in writing whenever I become disqualified under state fleet policies. Changes include but are not limited to OWI/DVI citation or any license revocation, restriction or suspension. Failure to report such change may result in the revocation of the privilege of driving a state-owned vehicle.

I understand that while using this vehicle for authorized use, I will be considered an agent of the State of Wisconsin under ss. 165.25(6) and 895.46(1), Wis. Stats. and thus have the protection of the State of Wisconsin.

I agree to maintain the Assigned Vehicle Log sheet (DOA-3472 or agency equivalent form), and to submit the log sheet to my supervisor monthly. The Vehicle Usage Report with personal mileage reimbursement is submitted monthly to the vehicle's owner agency.

Employee Agreement (Authorized Personal Assignments Only):

I do hereby request (or) waive the privilege of personal use of my assigned state-owned vehicle.

I agree to keep an accurate record of all personal mileage by recording them separately, and reporting the total on a monthly basis. I understand that only I am authorized to use this vehicle for personal use and I do not have authority to grant permission for personal use to any other person except for reasons of health or safety.

I understand that I must reimburse the department at the current rate for all personal miles driven. I will include my check or money order as payment for personal miles driven with the monthly Vehicle Usage Report (Made payable to Department of Administration).

Contact's Driver License Number	State (if not WI)	Date of Birth (mm/dd/ccyy)
Vehicle Contact Signature		Agency Fleet Manager Signature (all)
*Agency Authorized Signature (Personal Assignment/Home Based) <input type="checkbox"/> Agency Head <input type="checkbox"/> Designee Title:		
Signature	Date (mm/dd/ccyy)	Enterprise Fleet Director Approval Signature: