



# County Effingham Georgia

Board of Commissioners

## Effingham County Pool Vehicle Form

Completed by the Executive Assistant to the County Manager

Backup personnel for Checkout/ Return, in the event that the Executive Assistant is not available, will be Procurement

### Employee Information:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date(s) of Vehicle Use: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Estimated Mileage: \_\_\_\_\_

### Reservation Details:

#### Vehicle Checkout:

- Vehicle Assigned (Office Use Only): \_\_\_\_\_
- Odometer Reading at Checkout: \_\_\_\_\_
- Fuel Level at Checkout: ☐ Full ☐  $\frac{3}{4}$  ☐  $\frac{1}{2}$  ☐  $\frac{1}{4}$  ☐ Empty
- Condition of Vehicle at Checkout: ☐ Clean ☐ Needs Cleaning ☐ Noted Issues

#### Vehicle Return:

- Date & Time of Return: \_\_\_\_\_ at \_\_\_\_\_ AM/PM
- Odometer Reading at Return: \_\_\_\_\_
- Fuel Level at Return: ☐ Full ☐  $\frac{3}{4}$  ☐  $\frac{1}{2}$  ☐  $\frac{1}{4}$  ☐ Empty
- Condition of Vehicle at Return: ☐ Clean ☐ Needs Cleaning ☐ Reported Issues
- Any Mechanical Issues/Damage Noticed: ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

### Reservation Requirements & Acknowledgments:

- Advance Reservations: Requests for overnight travel must be submitted at least one (1) week in advance.
- Short-Term & Last-Minute Requests: Assignments are first-come, first-served based on availability.
- Fueling Requirement: Vehicle must be returned with at least  $\frac{1}{2}$  tank of fuel using the WEX fuel card.
- Cleanliness: Employee is responsible for removing trash and personal items from the vehicle upon return.
- Damage Reporting: Any accidents, damage, or mechanical issues must be reported immediately to the Fleet Manager and reported on this form.
- Authorized Use Only: Vehicles may only be used for official County business. Unauthorized passengers and personal use are prohibited.
- Overnight Use Restriction: Pool vehicles may not be taken home overnight unless explicitly approved by the County Manager or designee.

**Employee Certification:** I acknowledge that I have read and understand the Pool Vehicle Policy. I agree to comply with all requirements outlined above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Effingham Georgia

Board of Commissioners Administrative

For

Use Only: Approval: ☐ Approved ☐ Denied Notes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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