Auto Allowance Request Form

***Purpose:*** To request either a new auto allowance or an adjustment to an auto allowance.

All requests for auto allowances must include this form.

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| Department Information | |
| Date of Request: | |
| Department: | |
| Type of Request:  Adjustment of current allowance  New allowance | |
| Contact Name: | |
| Contact Phone Number: | |
| Requested Action | |
| Current Allowance | New or Proposed Allowance |
| Employee Name(s): | Employee Name(s): |
| Position Title and Grade: | Position Title and Grade: |
| Position Type:    Full-Time Regular  Part-Time Regular     Full-Time Temporary  Part-Time Temporary | Position Type:    Full-Time Regular  Part-Time Regular     Full-Time Temporary  Part-Time Temporary |
| Average Amount of Miles Driven in a Month:  Amount of Allowance (multiply average monthly miles by $0.40): | Average Amount of Miles Driven in a Month:  Amount of Allowance (multiply average monthly miles by $0.40): |
| Funding:  Current General Fund  Grant Funds    Other: | Funding:  Current General Fund  Grant Funds    Other: |
| Account Index: | Account Index: |
| Proposed Effective Date: | |
| Information | |
| In the space below, please justify why the auto allowance is needed in lieu of the employee receiving the County mileage reimbursement rate for the use of a personal vehicle for County business.  *Please be sure to include the following information:*   * *Locations to which the employee must drive;* * *The approximate distance between locations;* * *The frequency of trips per month;* * *The necessity of the trips ;* * *How the driving corresponds to the employee’s job description.* | |
| Job Title  Are there other employees within your department that also hold this job title?  Yes  No  If you answered yes, are they also required to drive in the course of their duties? | |
| Alternative Considerations  Is a County vehicle available for use for the employee?  Yes  No  If **yes**, please describe which vehicle is available:  Is there any way that the driving between locations can be reduced by employees carpooling, employees combining multiple trips into one, lowering the number of times an employee has to visit a location per month, etc? | |

*If you have any questions or need assistance when filling out this form, please do not hesitate to contact the Human Resources Department at (915) 546-2218.*

*When this electronic form has been completed, please submit to: Betsy C. Keller at* [*bkeller@epcounty.com*](mailto:bkeller@epcounty.com)*.*

**STAFFING REVIEW COMMITTEE COMMENTS**