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.

|  |
| --- |
| 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 TitleAre there other employees within your department that also hold this job title? [ ]  Yes [ ]  NoIf you answered yes, are they also required to drive in the course of their duties?      |
| Alternative ConsiderationsIs 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**.*

**STAFFING REVIEW COMMITTEE COMMENTS**