Request for Authorization to Use State Vehicle For Emergency Response

Instructions: The following log must be completed for three consecutive months. Employees whose residence and work location are in different counties and the roundtrip exceeds 75 miles are not eligible for authorization to commute in a state vehicle.

List the applicable months: 1. _____ 2. _____ 3. _____ Year: _____

Emergency Response Log

Facility/District/Unit:	Name of Authorized Employee:	Official Title:

Date/Time of Response	Name and Title of Person Requiring Response	Brief Description of the Emergency

I certify by my signature below that this log is an accurate account of emergency responses made during hours outside of regular business hours. I further certify that my residence and facility/district/unit are in the same county or, if in different counties, the roundtrip commute does not exceed 75 miles.

_____ _____
Signature of Employee Date

Approved ☐
Disapproved ☐ _____
Facility/District/Unit Head Signature Date

Approved ☐
Disapproved ☐ _____
Associate Director Signature Date

Approved ☐
Disapproved ☐ _____
Director's Signature Date

(R 6/14)