Monthly Log of Temporarily Assigned State Vehicles

Instructions: Any facility/district/unit that has authorization for temporarily assigned state vehicles must complete this log and submit through the chain of command to the Director's Office by the 5th working day of the month.

Facility/District/Unit: _____Month: _____Year: _____

Name of Authorized Employee	Location of Assignment	Date Authorized/Date Expires
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Note: Authorization may not exceed 60 days.

A new "Request for Temporary Authorization to Use State Vehicle" (Attachment F) must be completed for any employee who meets the criteria for a temporarily assigned vehicle and whose current authorization is expiring.

_____/ _____
Signature of Facility/District/Unit Head Date

_____
Printed Name of Facility/District/Unit Head