

Regulation

PERSONNEL

6002.1

VEHICLE USE REQUEST (For BOCES Employees)

Date of Request: _____ Employee Name: _____

Date of Trip: _____ Time Depart: _____ Time Return: _____

Destination and Purpose: _____

Number of People Traveling (Including Driver) _____

Is this for Semester Use: _____ Yes _____ No

If Yes, Duration From: _____ TO _____

Do you wish to take the vehicle or key home the previous night? (Check One)

_____ Vehicle _____ Key _____ None

Do you wish to take the vehicle or key home and return it the next morning? (Check One)

_____ Vehicle _____ Key _____ None

If request is to take the vehicle or key overnight, approval signature is required by Director or Department Head and an Assistant Superintendent before keys are released by Management Building Receptionist.

APPROVAL BY DIRECTOR/

DEPARTMENT HEAD _____
Signature Date

OVERNIGHT APPROVAL _____

BY ASSISTANT SUPERINTENDENT _____
Signature Date

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Date Received by Receptionist _____

_____ Scheduled _____ Vehicle Assigned _____ Transportation Not Available

Please remember to pick up vehicle behind Rossetti Center. Return car to same location. Lock doors. Return keys and Daily Vehicle Report to Management Services Building Receptionist.

Keys Picked up by: _____ Cell Phone: _____
Print Name

Signature

Madison-Oneida Board of Cooperative Educational Services

Promulgated: 07/10/97

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