



Vehicle Use Agreement

- Original
 Update or Changed Information

Prior last name (if changed)

Driver's Full Name (Last Name, First Name, Middle Initial)	Driver's License No.	State (if not WI)
	Driver's Date of Birth (mm/dd/ccyy)	
Driver's Work Mailing Address (PO box, floor, room, etc.)	Driver's Work Street Address	
Driver's Work City, State, ZIP + 4	County in which Driver Works	
Agency or Department or "UW System" (no abbreviations or initials)	Division or Campus (no abbreviations or initials)	
Driver's E-mail Address (provide supervisor's e-mail address if driver has no e-mail access)	Driver's Work Phone	
	Driver's Work Fax	

Instructions:

All state employees driving a state-owned vehicle must complete this form or an equivalent agency form.

Employees who choose not to sign this agreement may use their personal vehicle for state business, if authorized by their agency. Mileage reimbursement will be at a rate established annually by the Department of Administration.

Completed forms are to be returned to the employee's immediate supervisor, then signed and promptly forwarded to the Owner Agency at the address above.

If any information provided on this form should change, it is the employee's responsibility to complete a new form.

Processing time is two to four weeks at a minimum.

Employee Agreement:

I acknowledge that I have received and/or read a copy of the statewide Fleet Driver and Management Policies and Procedures (DOA-3068P). I understand the contents and agree to comply with the policies. Failure to comply is considered a violation of work rules.

As a condition of my driving a state-owned vehicle, I agree to a check of my driving record on a periodic basis.

I further agree to immediately inform my supervisor and agency fleet manager/coordinator of any negative change in the status of my driving record. I will also inform them in writing whenever I become disqualified under state fleet policies. Changes include but are not limited to OWI/DUI citation, license revocation, restriction or suspension. Failure to report such changes may result in the revocation of the privilege of driving a state-owned vehicle.

Driver's Signature	Date (mm/dd/ccyy)
Supervisor's Signature	Date (mm/dd/ccyy)
Supervisor's Name (please print or type)	E-mail Address
Fleet Coordinator Signature <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Owner Agency Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied