



PINAL COUNTY NOTIFICATION OF
ASSIGNMENT OF COUNTY VEHICLE

Employee Name _____

Department _____ Vehicle Make Year _____

Vehicle Odometer Reading _____ Vehicle License Number _____

ACTION: Assignment of Vehicle Return of Vehicle

Fleet Director Approval _____

Date of Action _____

- | | | |
|---|-----|----|
| Is the employee required to be on call? | Yes | No |
| Is the employee required to take the vehicle home? | Yes | No |
| Is the employee a control employee? | Yes | No |
| Is the employee a public safety officer | Yes | No |
| Is the employee authorized to take the vehicle home/use it overnight? | Yes | No |

Special Equipment Vehicles (Provide Information requested in Section E (7) of pnp 3.97)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Employee Signature _____

Department Head Approval _____

Elected Official/County Manager/ACM Approval _____